

Agency Information

AGENCY : HSCA
RECORD NUMBER : 180-10107-10235

RECORD SERIES : NUMBERED FILES

AGENCY FILE NUMBER : 002420

Released under the John
F. Kennedy
Assassination Records
Collection Act of 1992
(44 USC 2107 Note).
Case#:NW 54756 Date:
10-31-2017

Document Information

ORIGINATOR : DOD
FROM : NIELSEN, D.E.
TO : HSCA

TITLE :

DATE : 09/29/1977
PAGES : 207

SUBJECTS :
HALL, LORAN, MILITARY SERVICE

DOCUMENT TYPE : LETTER
CLASSIFICATION : Unclassified
RESTRICTIONS : 3
CURRENT STATUS : Withhold
DATE OF LAST REVIEW : 05/18/1993

OPENING CRITERIA :

COMMENTS : Box 58.



OFFICE OF THE SECRETARY OF DEFENSE
WASHINGTON, D.C. 20301

September 29, 1977

Mr. James L. Wolf
Select Committee on Assassinations
U.S. House of Representatives
Washington, D. C. 20515

Dear Mr. Wolf:

As indicated in my letter of 21 September, additional Army records in the case of Loran A. Hall have been located through the Veterans Administration Headquarters in California. A certified copy of these records is appended hereto as Attachment 1.

The documents provided do not constitute a complete service record, since these were destroyed by the 1973 fire at the National Personnel Records Center. However, the file contains substantial medical records and substantiates military service by Mr. Hall as follows:

	Length of Service		
	<u>Yrs.</u>	<u>Mos.</u>	<u>Days</u>
U.S. Army	9 Jan 47	17 Apr 47	0 3 9
Kansas National Guard	20 Sep 47	29 Jun 48	0 9 9
U.S. Army	30 Jun 48	4 Aug 52	4 1 5
	<u>5</u>	<u>1</u>	<u>23</u>

Sincerely,

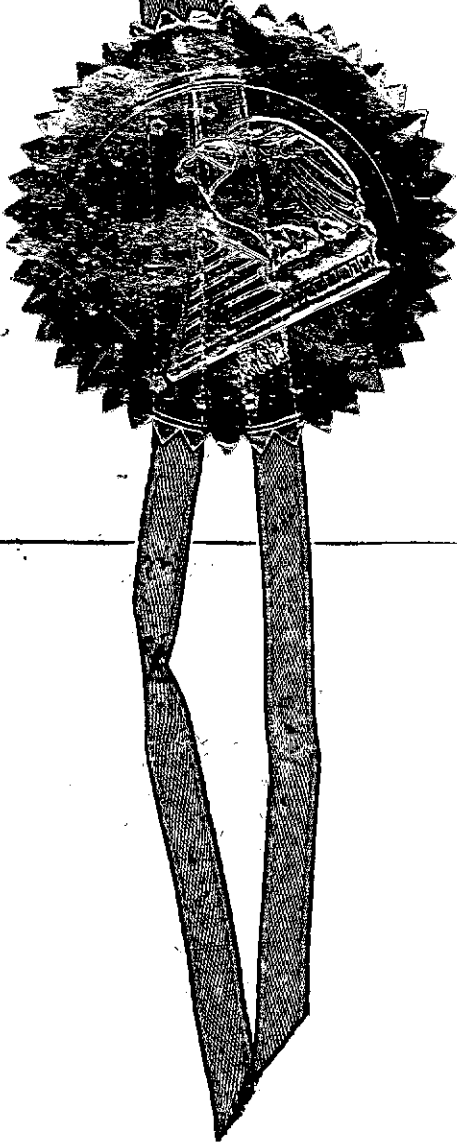
D. E. NIELSEN
Captain, USN
OSD/Special
Coordination Staff

Attachment
a/s

GENERAL SERVICES ADMINISTRATION
National Archives and Records Service

To all to whom these presents shall come, Greeting:

By virtue of the authority vested in me by the Administrator of General Services, I
do hereby certify on his behalf, under the seal of the United States General Services Administration
that the attached reproduction(s) is a true and correct copy of documents in his custody.



SIGNATURE <i>P. Chrisman</i>	
NAME P. CHRISMAN	DATE Sept 27, 1977
TITLE Chief, Records Reconstruction Branch	
NAME AND ADDRESS OF DEPOSITORY National Personnel Records Center (Military Personnel Records) 9700 Page Boulevard St. Louis, MO 63132	

GSA FORM 6791C (REV. 3/77)

002420

REPORT SYMBOL: (N) DD-1

CHARACTER OF SEPARATION: HONORABLE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

DEPARTMENT: Army

1. LAST NAME - FIRST NAME - MIDDLE NAME: Hall, Roman Eugene

2. SERVICE NUMBER: RA 17 224 450

3. GRADE, RATE, RANK AND DATE OF APPOINTMENT: PVT-25 Oct 50

4. COMPONENT AND BRANCH OR CLASS: RA-Infantry

5. SPECIALTY NUMBER OR SYMBOL: 4677

6. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER: Policeman 2-66,230

7. TYPE OF SEPARATION: Discharge

8. REASON AND AUTHORITY FOR SEPARATION: TS AR 618-360

9. PLACE OF SEPARATION: Garmisch, Germany

10. DATE OF BIRTH: 4 MONTH Jan 50

11. PLACE OF BIRTH (City and State): Newton, Kansas

12. DESCRIPTION: Cavalry Military Post 226 17, US Army

13. REGISTERED: YES

14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State): Not applicable

15. INDUCTED: YES

16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT: YES

17. MEANS OF ENTRY OTHER THAN BY INDUCTED: REENLISTED 7 years

18. GRADE, RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE: Private

19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE: 30 MONTH Jun 48, Newton, Kansas

20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE: 1261 West 5th St, Newton, Kansas

21. STATEMENT OF SERVICE FOR PAY PURPOSES

22. NET SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD	A. YEARS	B. MONTHS	C. DAYS	23. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY
	3	0	0	None
24. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES	1	0	16	
25. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	4	0	16	

26. FOREIGN AND/OR SEA SERVICE: 2 YEARS 10 MONTHS 13 DAYS

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED: Army of Vic Medal, Army Dec Medal-Germany

28. MOST SIGNIFICANT DUTY ASSIGNMENT: 531st Service Platoon, APO 172, US Army

29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ARMED FORCES (Place and date, if known): None

30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST, GRAD. COURSES SUCCESSFULLY COMPLETED: 7718 370th Intelligence School, Aug 48-Sep 48

31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED: Pistol Cal 45, #10, #22, #27, #30

32. GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE UNITED STATES. FORWARD PAYMENTS FOR N.S.I. TO THE COLLECTIONS UNIT, VA BRANCH OFFICE HAVING JURISDICTION OF AREA IN WHICH YOU MAINTAIN PERMANENT RESIDENCE. FORWARD PAYMENTS FOR U.S.G.I. TO COLLECTIONS DIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C. WHEN MAKING INSURANCE PAYMENTS BE SURE TO GIVE FULL NAME AND PERMANENT ADDRESS FOR MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY NUMBER(S) IF KNOWN.

33. KIND OF INSURANCE (amount and premium due each month): \$10,000.00, None

34. MONTH ALLOTMENT DISCONTINUED: None

35. MONTH NEXT PREMIUM DUE: Not applicable

36. TOTAL PAYMENT UPON SEPARATION: \$406.47

37. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT: \$57.24

38. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER: W. J. Gobbia, 1Col EC 215 230

39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN: [Signature]

40. REMARKS (Continue on reverse): Hood Group "A" No time lost under Article 6 (a), appendix 2b, AGM, 1951. Result Bonus \$360.00 paid by B. Salts, Maj EC, CI "B" Agent, Garmisch

41. V. A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type): None

42. CLAIM NUMBER: None

43. DATES OF LAST CIVILIAN EMPLOYMENT: Nov 47 to Jun 48

44. MAIN CIVILIAN OCCUPATION: Salesman 1-65,220

45. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER: W. D. Dyer, Frednot Co, Newton, Kansas

46. UNITED STATES CITIZEN: YES

47. MARITAL STATUS: Single

48. NON-SERVICE EDUCATION (Years successfully completed): None

49. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City, and State): 111 South 7th St, Newton, Kansas

50. SIGNATURE OF PERSON BEING SEPARATED: Roman Eugene Hall

COPIES APPLY TO CURRENT PERIOD OF SERVICE

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES

1. LAST NAME—FIRST NAME—MIDDLE NAME HALL Loren Eugene		2. SERVICE NUMBER RA17 224 450		3. GRADE—RATE—RANK AND DATE OF APPOINTMENT Cpl 25 Oct 50 (1)		4. COMPONENT AND BRANCH OR CLASS PA	
5. QUALIFICATIONS SPECIALTY NUMBER OR SYMBOL 4577		RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER MI Police		6. EFFECTIVE DATE OF SEPARATION DAY MONTH YEAR 2 Aug 52		7. TYPE OF SEPARATION Discharge	
8. REASON AND AUTHORITY FOR SEPARATION AR515-365 G/G Item 3B				9. PLACE OF SEPARATION 5th Arm Div Co Chaffee ARK			
10. DATE OF BIRTH DAY MONTH YEAR 2 Jan 30		11. PLACE OF BIRTH (City and State) Newton Kansas		12. DESCRIPTION SEX RACE COLOR HAIR COLOR EYES HEIGHT WEIGHT Male Cdn Black Brown 72 160			
13. REGISTERED YES NO Y		SELECTIVE SERVICE NUMBER NA		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) NA		15. INDUCTED DAY MONTH YEAR NA	
16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT YES NO Y		COMPONENT AND BRANCH OR CLASS NA		COGNIZANT DISTRICT OR AREA COMMAND NA			
17. MEANS OF ENTRY OTHER THAN BY INDUCTION <input type="checkbox"/> ENLISTED <input checked="" type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY 6 yrs						18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE Cpl	
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE DAY MONTH YEAR PLACE (City and State) 30 Jun 51 Bavaria Germany				20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State) 111 SE 9th St (Harvey Co) Newton Kansas			
STATEMENT OF SERVICE FOR PAY PURPOSES				25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY			
21. NET () SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD				A. YEARS	B. MONTHS	C. DAYS	DAY MONTH YEAR AMOUNT
22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD				NA	NA	NA	None
23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES				1	0	13	None
24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES				5	1	23	YEARS MONTHS DAYS 0 7 23
27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED None							
28. MOST SIGNIFICANT DUTY ASSIGNMENT Det E 62d HP Hvy Patrol Co				29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None			
30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED None				DATES (From-To)		MAJOR COURSE	
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED None				ABSTRACT			
GOVERNMENT INSURANCE INFORMATION: If premium is not paid when due, or within thirty-one days thereafter, insurance will lapse. Make checks or money orders payable to the Treasurer of the United States. Forward payments for National Service Life Insurance to the Collections Unit, Veterans Administration District Office having jurisdiction of area in which you maintain your mailing address for insurance purposes. Forward payments for United States Government Life Insurance to Collections Division, Veterans Administration, Washington 25, D. C. When making insurance payments be sure to give full name and mailing address for insurance purposes, service number and policy number(s), if known.							
32. KIND OF INSURANCE (amount and premium due each month)		33. MONTH ALLOTMENT DISCONTINUED		34. MONTH NEXT PREMIUM DUE			
N. S. L. I.		U. S. G. L. I.					
35. TOTAL PAYMENT UPON SEPARATION \$129.23		36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT \$35.28		37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER JOHN W PRYBY Capt RC 215-409			
38. REMARKS (Continued on reverse) 6 hrs lost under Sec 6(a) App 2b HQI 1951 Blood Group A Pvt (P) 25 Oct 49 MOP PL550 Paid Disability existing prior to entry into active service and not aggravated by Military Service SF600-450-10 Date of Final Payment 4 August 1952						39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN E SANDRANA-ZAYAS 1st Lt AGC Asst Adjutant	
40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)							
COMPENSATION, PENSION, INSURANCE BENEFITS, ETC.				CLAIM NUMBER NA			
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM TO		42. MAIN CIVILIAN OCCUPATION None		43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER None			
44. UNITED STATES CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		45. MARITAL STATUS Married		46. NON-SERVICE EDUCATION (Years successfully completed) 8 2 0 None		47. MAJOR COURSE OR FIELD Academic	
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State) 3011 Dabwood St (Labette Co) Parsons Kansas				48. SIGNATURE OF PERSON BEING SEPARATED Loan E. Hall			

SEPARATION DATA

SELECTIVE SERVICE DATA

STATEMENT OF SERVICE

GOVERNMENT INSURANCE AND

AUTHENTICATION

PERSONAL DATA



SEPARATION QUALIFICATION RECORD

SAVE THIS FORM. IT WILL NOT BE REPLACED IF LOST

This record of job assignments and special training received in the Army is furnished to the soldier when he leaves the service. In its preparation, information is taken from available Army records and supplemented by personal interview. The information about civilian education and work experience is based on the individual's own statements. The veteran may present this document to former employers, prospective employers, representatives of schools or colleges, or use it in any other way that may prove beneficial to him.

LAST NAME—FIRST NAME—MIDDLE INITIAL				MILITARY OCCUPATIONAL ASSIGNMENTS			
HALL LORAN E				10. MONTHS	11. GRADE	12. MILITARY OCCUPATIONAL SPECIALTY	
2. ARMY SERIAL No.	3. GRADE	4. SOCIAL SECURITY No.		2	Pvt	BI Basic Training (521)	
17 224 450	Pvt	515 20 3802					
5. PERMANENT MAILING ADDRESS (Street, City, County, State)							
126½ W. 6th, Harvey County Newton, Kansas							
6. DATE OF ENTRY INTO ACTIVE SERVICE	7. DATE OF SEPARATION	8. DATE OF BIRTH					
9 Jan 47	17 Apr 47	4 Jan 30					
9. PLACE OF SEPARATION							
Separation Point Fort Lewis, Washington							

SUMMARY OF MILITARY OCCUPATIONS

TITLE—DESCRIPTION—RELATED CIVILIAN OCCUPATION

NO MILITARY ASSIGNMENT:

MILITARY EDUCATION

14. NAME OR TYPE OF SCHOOL—COURSE OR CURRICULUM—DURATION—DESCRIPTION

Completed 8 weeks of basic training course included map reading, marksmanship, manual of arms, close order drill, first aid and physical training. Performed duties as company painter. Painted signs and buildings.

CIVILIAN EDUCATION

15. HIGHEST GRADE COMPLETED	16. DEGREES OR DIPLOMAS	17. YEAR LEFT SCHOOL	OTHER TRAINING OR SCHOOLING	
2 yrs HS	None	1943	20. COURSE—NAME AND ADDRESS OF SCHOOL—DATE	21. DURATION
18. NAME AND ADDRESS OF LAST SCHOOL ATTENDED			None	
Newton High School Newton, Kansas				
19. MAJOR COURSES OF STUDY				
Academic				

CIVILIAN OCCUPATIONS

22. TITLE—NAME AND ADDRESS OF EMPLOYER—INCLUSIVE DATES—DESCRIPTION

TRUCK DRIVER, LIGHT: For 3 years previous to entering the armed service was employed by the Dawell Incorporation, Newton, Kansas. Drove and operated all types of heavy trucks including semi-tanker. Drove approximately 150 miles per day over all types of roads. Did day and night driving. Serviced, lubricated and made minor repairs to the vehicle.

ADDITIONAL INFORMATION

23. REMARKS

Speaks, reads and writes Spanish language.



COUNSELOR: Geddes

24. SIGNATURE OF PERSON BEING SEPARATED	25. SIGNATURE OF SEPARATION CLASSIFICATION OFFICER	26. NAME OF OFFICER (Typed or Stamped) ELDON M SCHMIDT CWO USA
---	--	--

INSTRUCTIONS GENERAL

See AR 600-750.

Care will be exercised by all concerned in the preparation of this form to obviate the necessity for returning it for correction. It will be carefully scrutinized after completion for errors and omissions and compared with the prescribed entries made from it on the Service Record (WD AGO Form 24 or 24A), which will be opened before this form is mailed to The Adjutant General. This form will be used for enlistments in the Regular Army only.

FOR THE PREPARATION OF THE ENLISTMENT RECORD

1. Only an original will be prepared. Blue-black or black ink or typewriter ribbon only will be used. Retained or duplicate copies of this record will not be prepared without specific instructions from The Adjutant General.
2. The complete original record will be forwarded to The Adjutant General by the recruiting officer. The record of a rejected applicant will be marked "Rejected" at the top of the first page and, except in case of an applicant with prior military service, will be filed at the place of rejection. The record of a rejected applicant having prior military service, who is rejected for physical reasons, will be forwarded to The Adjutant General. The enlistment record will be mailed flat and will be accompanied only by such papers as are required in connection with the enlistment.
3. The name, race, home address, last service in the Army, and declaration of the applicant will be filled out at the station where applicant is accepted for enlistment. The remainder of the record will be filled out at the depot, post, or station to which the applicant is sent for final physical examination and enlistment. Particular care will be taken to determine the bona fide home or residence of the applicant. "United States Army" will not be accepted as the home address.
4. The correct name of the applicant will be ascertained, and it will be written and signed exactly as indicated in each place on the form. A trial signature will be required before signing the Enlistment Record. In the case of man reenlisting, if the enlisting man's name assigned on the record of reenlistment differs in any particular from the name as shown on the discharge certificate or other available evidence of prior service, a notation will be entered under "Remarks" on page 1 of this form showing the name under which prior service was rendered.
5. Service in the Army (See par. 12, page 1) includes service in the Regular Army, the Regular Army Reserve, National Guard, called or drafted into Federal Service, Enlisted Reserve Corps, or Army of the United States.
6. Race will be indicated as white, colored, Indian (referring to American Indian only), Puerto Rican, Cuban, Mexican, Hawaiian, Filipino, Chinese, East Indian, etc. As here employed "colored" will include the American Negro, mulattoes, and others of negroid race or extraction. For mixed races, except mulattoes, the nationality will be considered as synonymous with the race; for example: Mexican, Filipino, etc. Asiatics, other than members of the white or Caucasian race, will, as a rule, be indicated by nationality; for example: Chinese, East Indian, etc.
7. The declaration of the applicant will be taken before he has been stripped, and any statement indicating a possible cause for rejection will be followed up by searching inquiry and examination and the result noted on the record. This declaration may be taken at a substitution by an enlisted man designated by the recruiting officer, if no commissioned officer is available, in which case the enlisted man will sign as "Witness," but the recruiting officer must verify the statements of the applicant before enlistment.
8. The physical examination will conform to the provisions of AR 40-105 or other prescribed regulations. Deviations from normal, though not a cause for rejection, will be noted under the proper headings. If waiver of defects is secured from higher authority, cite the authority.
9. Under the heading, "Remarks" (Page 1) will be noted any authorized special assignment.

FOR THE PREPARATION OF DESIGNATION OF RELATIVE TO BE PAID SIX MONTHS' GRATUITY IN CASE OF DEATH

10. Every enlisted man, upon enlistment and reenlistment in the Army of the United States, will be fully informed regarding his right to designate a beneficiary under the Act of Congress approved December 17, 1919 (AR 600-600), as amended by the Act approved December 10, 1941 (Sec. IV, Bul. 26, W. D., 1941), and the Act approved December 17, 1943 (Sec. I, Bul. 25, W. D., 1943), and such designation will be prepared on this form. A friend, a guardian (as such), an institution, or an estate is not eligible for designation as a beneficiary; the beneficiary must be a relative of the enlisted man and dependent upon him for support. The word "dependent" will be construed as potential, as distinct from an actual dependency referred to under Paragraph 6, Declaration of Applicant. For each beneficiary such as wife or child, designation will be made showing the name and address of person or persons eligible, or the word "None" will be written in the proper space. The information on lines 1 and 2 will conform to answers in Paragraph 6 of Declaration of Applicant regarding conjugal condition. If the enlisted man does not desire to designate a beneficiary other than wife or child he will be required to make the following statement on line 3 in his own handwriting: "I decline to designate any person as my beneficiary," or the statement may be inserted with a rubber stamp and initialed by the enlisting man. If he names a beneficiary on line 3 but does not desire to designate an alternate beneficiary, he will be required to make the following statement on line 4 in his own handwriting: "I decline to designate an alternate beneficiary," or the statement may be inserted with a rubber stamp and initialed by the enlisted man.
11. Names and addresses will be legibly written, typewriter being used when practicable. Except in signature, names will be written in full, and street and house number, if any, will be given.
12. The signature of the enlisted man will be witnessed by the recruiting officer or other available commissioned officer.
13. Designation duly made and filed under the Act will continue to be valid and sufficient during the term of enlistment for which made until the enlisted man is separated from active service, or until a change among the persons eligible as beneficiary, addition thereto, or discontinuance of eligibility occurs, in which event redesignation of beneficiary will be made on Designation or Change of Relative to be Paid Six Months' Gratuity in Case of Death (WD AGO Form 41).
14. Men who are discharged for the purpose of immediate enlistment may be assigned to the organization in which serving at time of discharge in accordance with regulations (currently paragraph 23b, WD Circular 110, dated 17 April 1948). Such assignments are initial assignments only, and no promise will be made or implied that these assignments are for any specified period of time beyond that authorized by current War Department directives.
15. Indicate initial assignment of all enlistees, if known, subsequent to the time the applicant takes the Oath of Enlistment:

ARM OR SERVICE	MAJOR FORCE			
	AGF	AAF	UNASSIGNED	OTHER

OATH AND CERTIFICATE OF ENLISTMENT

STATE OF Kansas
 CITY, TOWN, OR MILITARY POST Ft. Riley, Kansas
 I, Loran Eugene Hall a citizen of the United States, do hereby acknowledge

TO HAVE VOLUNTARILY ENLISTED THIS 9th DAY OF January 1947 AS A SOLDIER IN THE REGULAR ARMY OF THE UNITED STATES OF AMERICA FOR THE PERIOD OF Three (3) years REG UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED

BY PROPER AUTHORITY, AND DO ALSO AGREE TO ACCEPT FROM THE UNITED STATES SUCH BOUNTY, PAY, RATINGS, AND CLOTHING AS ARE OR MAY BE ESTABLISHED BY LAW; AND I DO SOLEMNLY SWEAR (or AFFIRM) THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE UNITED STATES OF AMERICA; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOEVER AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES, AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO THE RULES AND ARTICLES OF WAR.

SIGNATURE: Loran E. Hall
(First name—Middle initial—Last name)

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS 9th DAY OF JANUARY 1947. I FURTHER CERTIFY THAT THIS SOLDIER WAS COMPLETELY UNIMPAIRED BY ME PREVIOUS TO HIS SUBSCRIPTION TO THE OATH; THAT I FOUND HIM ENTIRELY SANE AND IN FULL POSSESSION OF ALL HIS MENTAL FACULTIES; THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF HE FULFILLS ALL LEGAL REQUIREMENTS; AND THAT IN ENLISTING HIM INTO THE SERVICE OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS WHICH GOVERN THE ENLISTING SERVICE. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FELLING IN, WAS READ TO THE APPLICANT BEFORE HIS SUBSCRIPTION THEREOF.

EDWARD A MAORI, Capt, AO Summary Court
(Typed name, grade, and organization of recruiting officer) Edward A. Maori
(Signature of recruiting officer)

1 Carefully compare with the name at top of page 1.
 2 The date in the oath and certificate must be the same.
 3 The signatures must be identical with that subscribed to Declaration of Applicant.

NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

FULL NAME OF NEAREST RELATIVE (Other than wife or minor child)
Marie D Hall
 RELATIONSHIP Mother ADDRESS (Number and street or rural route—If none, no state, city, town, or post office; State or country)
126 1/2 W 6th, Newton, Kansas

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
Marie D Hall
 RELATIONSHIP (If friend, no state) Mother ADDRESS (Number and street or rural route—If none, no state, city, town, or post office; State or country)
126 1/2 W 6th, Newton, Kansas

DESIGNATION OF BENEFICIARY

THE PERSONS ELIGIBLE TO BE MY BENEFICIARY ARE DESIGNATED BELOW:

1. FULL NAME AND ADDRESS OF WIFE (If no wife, or if she is deceased or divorced, no state)
 None

2. FULL NAME AND ADDRESS OF EACH MINE OR CHILD AND EACH DEPENDENT CHILD OVER 21 YEARS OF AGE (If there are no children, no state. If the address is the same as the wife's, no state. Do not repeat address.)
 None

3. IN THE EVENT OF MY LEAVING NO WIFE OR CHILD, OR THEIR DECEASE BEFORE PAYMENT IS MADE, I THEN DESIGNATE AS MY BENEFICIARY THE FOLLOWING RELATIVE (Give name, relationship and address. See Instruction 10.)
Marie D Hall (mother) 126 1/2 W 6th, Newton, Kansas

4. IN THE EVENT OF THE DEATH OR DEBILITATION OF THE LAST-NAMED DEPENDENT RELATIVE BEFORE PAYMENT IS MADE, I THEN DESIGNATE AS MY BENEFICIARY THE FOLLOWING RELATIVE (Give name, relationship, and address. See Instruction 10.)
Jack F Hall (father) 126 1/2 W 6th, Newton, Kansas

SIGNATURE OF ENLISTED MAN (First name—Middle initial—Last name)
Loran E Hall

WITNESSED AT: Ft. Riley, Kansas DATE: 9 Jan 47

TYPED NAME, GRADE, AND ORGANIZATION OF WITNESS ATTESTING: EDWARD A MAORI, Capt, AO Rct-0 SIGNATURE OF WITNESS: Edward A Maori

PHYSICAL AND MENTAL EXAMINATION

LAST NAME - FIRST NAME - MIDDLE NAME Hall, Loran Eugene		ARMY SERIAL NO. RA37224450	RACE White	DATE OF BIRTH 9 Jan 47	
1. MEDICAL HISTORY - THE MEDICAL OFFICER WILL ELABORATE UPON THE CONDITIONS LISTED IN THIS CONCERNING PHYSICAL DEFECTS AND USE OF HEAVY ARMED SERVICES ON PAGE 1 AND UPON ANY OTHER SUCH MEDICAL FACTS (If necessary, use additional sheet of paper.)					
INTELLIGENCE STANDARDS					
HIGH SCHOOL GRADUATED <input type="checkbox"/> YES <input type="checkbox"/> NO		ENGLISH SPEAKING <input type="checkbox"/> YES <input type="checkbox"/> NO	QUALIFICATION TEST (Paper and) R-1	SCORE 45	ALTERNATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. COMPLEXION Ruddy		4. TEETH (Indicate restorable carious teeth by C; nonrestorable carious teeth by I; missing natural teeth by X; teeth replaced by denture-retained but not X or XXX and teeth replaced by fixed bridge-retained to indicate abutments—see (170).)			
5. COLOR OF HAIR Black	6. COLOR OF EYES Blue	7. HEARING (If abnormal, state) RIGHT EAR 15 LEFT EAR 15			
8. POSTURE Normal	9. RANGE Medium	10. WEIGHT AND Girth ABNORMALITIES Normal. Class II			
11. HEIGHT (Inches) 68 1/2	12. WEIGHT (Pounds) 152	13. CHEST (All staples) INSPIRED 36 EXPIRED 34 RANGE			
14. UNCONNECTED RIGHT EYE BY 20 LEFT EYE BY 20		15. CONNECTED RIGHT EYE BY LEFT EYE BY		16. MEASUREMENT OF FOREARM AT ELBOW 28 RANGE	
17. HEARING (If abnormal, state) RIGHT EAR 15 LEFT EAR 15		18. VISION ABNORMALITIES None			
19. PULSE SITTING 81 AFTER EXERCISE 108 3 MINUTES AFTER EXERCISE 86		20. CIRCULATORY SYSTEM Normal			
21. BLOOD PRESSURE SYSTOLIC 120 DIASTOLIC 70		21. SKIN Normal			
22. URINALYSIS SG. GR. QNS SUGAR Neg ALBUMIN Neg MICROSCOPIC Neg		22. NERVOUS None			
23. HEMATOLOGIC Normal		23. ABNORMAL VISCERA Normal			
24. ENDOCRINE DISTURBANCE None		24. RESPIRATORY SYSTEM None			
25. REMARKS ON DEFECTS NOT SUFFICIENTLY DESCRIBED ABOVE (Use additional sheets if necessary.) None		25. RESULT OF LABORATORY EXAMINATIONS, WHEN MADE Negative		26. BLOOD BIOLOGY Negative	
26. SUMMARY OF DEFECTS IN ORDER OF IMPORTANCE, IMPRESSION OF PHYSICAL FITNESS None		27. OTHER DEFECTS None			
28. I CERTIFY THAT I HAVE CAREFULLY EXAMINED THE APPLICANT AND HAVE CORRECTLY RECORDED THE RESULTS OF THE EXAMINATION AND THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF: <input checked="" type="checkbox"/> A. HE IS MENTALLY AND PHYSICALLY QUALIFIED FOR SERVICE IN THE UNITED STATES ARMY IN GENERAL SERVICE CAPACITY. <input type="checkbox"/> B. HE IS <input type="checkbox"/> PHYSICALLY <input type="checkbox"/> MENTALLY QUALIFIED FOR SERVICE IN THE UNITED STATES ARMY BY REASON OF:					
PLACE Ft Riley, Kansas		SIGNATURE <i>Robert J. Greaves</i>			
DATE 7 Jan 47		NAME (Typed or stamped) ROBERT J. GREAVES		GRADE 1ST LT, AM	

When indicated, check blocks indicated. **FINGERPRINTS—RIGHT HAND** (Fingerprint impressions will be made in this space in the case of every man enlisting and reenlisting in the Regular Army)



**REPORT OF PHYSICAL EXAMINATION OF EXISTED PERSONNEL
PRIOR TO DISCHARGE/RELEASE FROM ACTIVE DUTY OR RETIREMENT**

NAME: KORAN, B.	DATE: 1972/4/30	GRADE: PVT	COMPONENT: 126th AFSW 6th AF	LOCATION: NESTON, KANSAS
------------------------	------------------------	-------------------	-------------------------------------	---------------------------------

History of Malaria or Syphilis				
AS: Heart Murmur	YES	NO	NO	NO
B: Back Injury	NO	NO	YES	NO
Medication (over)				

Blood Chemistry		Blood Urinalysis	
None	None	None	None
ECG		ECG	
None	None	Normal	Normal
Sight		Sight	
Right: Slight refractive error	Normal	90	163
Left: None	Normal	70	163
Hearing		Hearing	
Normal	Normal	Normal	Normal
Vision		Vision	
None	20/20	None	None
Balance		Balance	
None	15/15	Normal	Normal
Tuberculin		Tuberculin	
None	None	None	None
X-rays		X-rays	
None	None	None	None
Other		Other	
None	None	None	None
Date		Signature	
8-Apr-77	St. Louis Mo	C. W. HOCH CAPT MC	<i>C. Hoch</i>

1. This report is to be used for personnel only. It is not to be used for medical purposes.
 2. This report is to be used for personnel only. It is not to be used for medical purposes.
 3. This report is to be used for personnel only. It is not to be used for medical purposes.
 4. This report is to be used for personnel only. It is not to be used for medical purposes.
 5. This report is to be used for personnel only. It is not to be used for medical purposes.
 6. This report is to be used for personnel only. It is not to be used for medical purposes.
 7. This report is to be used for personnel only. It is not to be used for medical purposes.
 8. This report is to be used for personnel only. It is not to be used for medical purposes.
 9. This report is to be used for personnel only. It is not to be used for medical purposes.
 10. This report is to be used for personnel only. It is not to be used for medical purposes.
 11. This report is to be used for personnel only. It is not to be used for medical purposes.
 12. This report is to be used for personnel only. It is not to be used for medical purposes.
 13. This report is to be used for personnel only. It is not to be used for medical purposes.
 14. This report is to be used for personnel only. It is not to be used for medical purposes.
 15. This report is to be used for personnel only. It is not to be used for medical purposes.
 16. This report is to be used for personnel only. It is not to be used for medical purposes.
 17. This report is to be used for personnel only. It is not to be used for medical purposes.
 18. This report is to be used for personnel only. It is not to be used for medical purposes.
 19. This report is to be used for personnel only. It is not to be used for medical purposes.
 20. This report is to be used for personnel only. It is not to be used for medical purposes.

U.S. Army Form 100-10 (Rev. 1-19-59) (Continuation of Form 100-10) (Use for Reporting of Medical History)

6. Appendectomy - 1959

yes no no no

REPORT OF BOARD OF REVIEW
(Continuation of Form 100-10)

1. The board of review of the case of the member of the armed forces of the United States, who is the subject of this report, is hereby reported as follows:

2. The board of review of the case of the member of the armed forces of the United States, who is the subject of this report, is hereby reported as follows:

3. The effect, wound, injury, or disease is likely to result in permanent disability.

4. The effect, wound, injury, or disease is likely to result in permanent disability.

5. In any opinion, the effect, wound, injury, or disease can be traced to the line of duty to the military service of the United States.

Location	Typed Name	Grade	Signature

INSTRUCTIONS

1. This report will be made on by all military personnel immediately preceding separation by discharge and release from active duty, unless discharged on the grounds of disability or death.

2. The effect, wound, injury, or disease can be traced to the line of duty to the military service of the United States.

3. The effect, wound, injury, or disease can be traced to the line of duty to the military service of the United States.

4. The effect, wound, injury, or disease can be traced to the line of duty to the military service of the United States.

DISPOSITION BOARD PROCEEDINGS FOR OFFICERS

AR 600-808

1 NAME AND LOCATION OF HOSPITAL WHERE BOARD MET USAF, CAP CHAFFEE, ARKANSAS		2 DATE OF MEETING 18 July 52	
3 LAST NAME-FIRST NAME-MIDDLE INITIAL HALL, LORAN E.		4 ARMY SERIAL NO. RA17224450	5 GRADE Cpl
6 UNIT ORGANIZATION (REGIMENT, SQUADRON, GROUP, COMMAND) 505th MP Co		7 AGE IN YEARS 22	8 ARM OR SERVICE ARTY
9 DATE ADMITTED 10 Jul 52		10 TRANSFERRED FROM (FACILITY) Direct	
11 CIRCUMSTANCES UNDER WHICH ADMITTED TO HOSPITAL (CAUSE OF ADMISSION) Psychiatric evaluation		12 DATE ENTERED ON ACTIVE DUTY IN COMMISSIONED STATUS AND WHETHER LIMITED OR GENERAL SERVICE 30 June 1948	
13 MILITARY OCCUPATIONAL SPECIALTY (TITLE) None		14 CURRENT EFFECTIVE AERONAUTICAL RATING None	

16 AFTER CAREFUL CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION THE BOARD FINDS THE OFFICER TO HAVE THE FOLLOWING DIAGNOSIS. CONDITION UPON COMPLETION OF CASE AND LINE OF DUTY FINDINGS FOLLOWING EACH DIAGNOSIS. (LIST DIAGNOSES BY NUMBER PREFIX.)

1. Epilepsy, grand mal. NLD EPTE. Soldier is unfit for full or modified duty.

Physical Profile llllll-D.

Does not meet the minimum standards for continued service in the Army (AR 600-10-15).

17 DATE BECAME INCAPACITATED FOR MILITARY DUTY (ENTER ONE DATE)	18 APPROXIMATE DATE OF ONSET OF EACH INCAPACITY (ENTER EACH DATE)	19 IS CAUSE OF INCAPACITY INCIDENT TO SERVICE		20 DISEASE PREVIOUS TO ENTRY ON ACTIVE DUTY		21 PERMANENTLY INCAPACITATED BY ACTIVE DUTY		22 HAD/HAZING HOSPITAL BENEFIT RECEIVED	
		YES	NO	YES	NO	YES	NO	YES	NO
10 Jul 52	(1) 1946		X	X			X	X	
	(2)								
	(3)								
	(4)								

23 DEGREE OF DISABILITY FOR MILITARY SERVICE (CHECK APPROPRIATE ITEMS)					24 TYPE OF SERVICE RECOMMENDED (CHECK ONE)				25 QUALIFIED FOR OVERSEAS	
23 TOTAL	24 PARTIAL	25 PERMANENT	26 TEMPORARY	27 NONE	28 GENERAL	29 PERMANENT LIMITED	30 TEMPORARY LIMITED	31 NONE	YES	NO
X		X						X		X

33 STATE DISABILITY BRIEFLY IN NONTECHNICAL LANGUAGE
Epileptic seizures - no treatment available.

34 THE BOARD RECOMMENDS THAT:
Individual be discharged from military service for the convenience of the government under provisions of SR 600-150-10.

35 SIGNATURE OF BOARD MEMBER REQUIRED (PRESIDENT) <i>Howard C. Reid</i>		36 SIGNATURE OF BOARD MEMBER REQUIRED (RECORDER) <i>Peter F. Regan III</i>		37 SIGNATURE OF THIRD MEMBER (NOT REQUIRED)	
NAME, GRADE, ARM OR SERVICE (TYPE) HOWARD C. REID CAPT., MC		NAME, GRADE, ARM OR SERVICE (TYPE) PETER F. REGAN III 1ST LT., MC		NAME, GRADE, ARM OR SERVICE (REQUIRED) JACK E. PRESSBERG 1ST LT., MC	
38 POSITION VACANCY EXISTS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		39 DATE APPROVED JUL 22 1952		40 DATE APPROVED 24 July 1952	
CITE APPLICABLE WAR DEPARTMENT DIRECTIVE		SIGNATURE OF C. O. OF HOSPITAL R. A. MURCHISON COLONEL, MC		SIGNATURE, C. O. OR DEPUTY OF STATION BRIGADIER GENERAL MITCHELL: <i>Carl M. Abell</i>	
SIGNATURE OF LIAISON OFFICER		NAME, GRADE, TITLE (TYPE) R. A. MURCHISON COLONEL, MC		NAME, GRADE, TITLE (TYPE) CARL M. ABELL, Major AGC, AsstAG	
NAME AND GRADE OF LIAISON OFFICER (TYPE)		41 DATE DEPARTURE		42 REMARKS	

WD AGO FORM 8-118
1 MAR 1945
Replaces WD AGO Form 8-118, 1 Oct 44, and 1 Feb 45, which may be used.

2 220

INSTRUCTIONS: Original and four copies to be prepared. Sign original only. Signature constitutes approval. Attach a brief Clinton Abstract on 8 x 10 1/2 inch white paper.
*If possible, indicate any known defects upon entry on duty on a commissioned status for which a waiver was granted.
†Required only if Commanding Officer of Hospital is not authorized to issue orders.
‡For Administrative purposes.

ENLISTMENT RECORD REGULAR ARMY		SEROL... AND/OR X-RAY NOT ACCOMPLISHED AT RECRUITING STATION	DO NOT USE THIS COLUMN
1. LAST NAME—FIRST NAME—MIDDLE NAME HALL, LORAN EUGENE		ARMY SERIAL No. RA 17 224 450	RACE (See Instruction 9.) White
2. HOME ADDRESS (Number and street or rural route—(none, so state, city, town or post office; county and State.) (See Instruction 3.) 126 1/2 West 6th St., Newton (Harvey Co), Kansas			
3. PLACE OF ENLISTMENT Wichita, Kansas	DATE OF ENLISTMENT 30 Jun 48	ENLISTED IN THE GRADE OF Pvt	
4. FOR (If enlisted for less than 3 years, enter "REGULAR ARMY UNASSIGNED." If enlisted for 3 years, enter arm or service and/or major force elected as authorized by current regulations. If no election is made, enter "REGULAR ARMY UNASSIGNED.") (See Instructions 14 and 16.) RA Unasgd		LENGTH OF ENLISTMENT (Words and figures.) Three (3) YRS.	
5. FOR ASSIGNMENT IN (If enlisted for less than 3 years, leave this space blank. If enlisted for 3 years, enter overseas theater only as authorized by current regulations.) USA		SERVICE COMPLETED FOR LONGEVITY PAY 1 0 18 YRS. MOS.	
6. LAST ENLISTED SERVICE <input checked="" type="checkbox"/> REGULAR ARMY <input type="checkbox"/> RA RESERVE <input type="checkbox"/> FEDERAL NATIONAL GUARD <input type="checkbox"/> STATE NATIONAL GUARD <input type="checkbox"/> AUS ENLISTED <input type="checkbox"/> SS <input type="checkbox"/> ERC			
7. COMPANY, REGIMENT, ARM OR SERVICE, AND MAJOR FORCE CO D 130th Trng Bn RTC		DATE OF DISCHARGE 17 Apr 47	IN THE GRADE OF Pvt
8. If unmistakable evidence of prior Army enlisted service is presented, assign old serial number, otherwise assign new number from block allotted for Regular Army. See AR 616-30. Whenever old Army serial number is not reassigned, show old number under Item 18 under Declaration of Applicant.			MOTHER TONGUE English
DECLARATION OF APPLICANT (See Instruction 7)			
9. 1. DATE OF BIRTH 4 Jan 30		2. PLACE OF BIRTH Newton, Kansas	
10. 3. RACE (See Instruction 6.) White		4. ARE YOU A CITIZEN OF THE UNITED STATES? (If a naturalized citizen, state how, when, and where naturalized.) Yes	
11. 5. NUMBER OF GRADES COMPLETED IN GRAMMAR SCHOOL 8		6. NUMBER OF GRADES COMPLETED IN HIGH SCHOOL 3	
7. YEARS COMPLETED IN COLLEGE OR UNIVERSITY 0		8. HOW LONG DID YOU WORK AT IT? 4 years	
9. WHAT IS YOUR CIVILIAN TRADE OR OCCUPATION? Truck Driver		10. WEEKLY WAGE \$60.00	
11. WHAT SPECIAL MILITARY QUALIFICATION OR OCCUPATION HAVE YOU? (Example—Cook, company clerk, radio operator, supply sergeant, etc.) None		12. MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWER	
13. IS ANYONE DEPENDENT ON YOU FOR SUPPORT? No		14. NUMBER AND RELATIONSHIP OF PEOPLE DEPENDENT ON YOU FOR SUPPORT? None	
15. HAVE YOU EVER BEEN CONVICTED OF A FELONY? No ANY OFFENSE? No		16. HAVE YOU EVER BEEN IMPRISONED UNDER SENTENCE OF A CIVIL COURT? (If so, when and where.) No	
17. HAVE YOU EVER BEEN DISCHARGED OTHER THAN HONORABLY FROM THE U. S. MIL. OR NAVAL SERVICE, THE MARINE CORPS, COAST GUARD, OR NAT. GUARD IN AN ACTIVE, INACTIVE, OR RESERVE STATUS? No		18. HAVE YOU EVER SERVED IN THE U. S. MILITARY OR NAVAL SERVICE, THE MARINE CORPS, COAST GUARD, OR NATIONAL GUARD IN AN ACTIVE, INACTIVE, OR RESERVE STATUS? (If so, give date, place, and cause of rejection.) USA 315-360 Conv of Govt Sec 1 Par 20-2 Cir 391 Kans NG Fr 20 Sept 47 to 29 Jun 48	
19. HAVE YOU EVER PREVIOUSLY APPLIED FOR ENLISTMENT AND BEEN REJECTED? (If so, give date, place, and cause of rejection.) No			
20. HAVE YOU EVER HAD SPELLS OF UNCONSCIOUSNESS OR FAINTING, EPILEPSY, CONVULSIONS OR FITS, ENCEPHALITIS, NERVOUS TROUBLE OF ANY SORT, HAY FEVER, SINUS TROUBLE, RUNNING EAR, EYE DISEASE OR INJURY, CHRONIC HEADACHES, MIGRAINE, TUBERCULOSIS, ASTHMA, FOOD OR POLLEN ALLERGY, DIABETES OR SUGAR IN URINE, BED WETTING, VENEREAL DISEASE, STOMACH OR DUODENAL ULCER, SCARLET FEVER, CHRONIC BACK PAIN, ARTHRITIS, RHEUMATISM, RHEUMATIC FEVER, HEART DISEASE, BROKEN BONES, DISLOCATED JOINTS, LOCKED KNEET HAVE YOU OR ANY MEMBER OF YOUR FAMILY BEEN TREATED AT A HOSPITAL, ASYLUM OR SANITARIUM FOR A NERVOUS OR MENTAL CONDITION OR DISEASE? HAVE YOU EVER BEEN ADDICTED TO THE USE OF ALCOHOL, MARIJUANA, NARCOTIC OR HABIT-FORMING DRUGS? (If answer to any part of the foregoing is "Yes," give dates and ailments to which answer refers. Use additional plain sheet of paper for details, if necessary.) Yes—Spine treatment—Ft Lewis, Washington—Feb 1947.			
21. TO THE BEST OF YOUR KNOWLEDGE AND BELIEF, ARE YOU NOW SOUND AND WELL? (If not, give details.) Yes			
22. DO YOU KNOW THAT IF YOU ARE REJECTED BECAUSE OF ANY DISQUALIFICATIONS KNOWN TO YOU AND CONCEALED FROM THE ACCEPTING OFFICER, YOU WILL NOT BE FURNISHED WITH TRANSPORTATION TO THE PLACE OF ACCEPTANCE?		23. DO YOU KNOW THAT IF YOU SECURE YOUR ENLISTMENT BY MEANS OF ANY FALSE STATEMENT, WILLFUL MISREPRESENTATION, OR CONCEALMENT AS TO YOUR QUALIFICATIONS FOR ENLISTMENT, YOU ARE LIABLE TO TRIAL BY COURT MARTIAL FOR FRAUDULENT ENLISTMENT?	
I DECLARE THAT I AM NOT NOW A MEMBER OF THE ARMY (Officers' Reserve Corps, Regular Army Reserve and Enlisted Reserves Corps excepted) NAVY, MARINE CORPS, NATIONAL GUARD, OR COAST GUARD IN AN ACTIVE, INACTIVE, RESERVE, OR RETIRED STATUS; THAT THE FOREGOING QUESTIONS AND MY ANSWERS THERETO HAVE BEEN READ TO ME; THAT MY ANSWERS HAVE BEEN CORRECTLY RECORDED AND ARE TRUE IN ALL RESPECTS AND THAT I FULLY UNDERSTAND THE CONDITIONS UNDER WHICH I AM ENLISTING.			
GIVEN AT (Place of acceptance.) Newton, Kansas		KANSAS—MISSOURI RECRUITING DISTRICT	
DATE OF ACCEPTANCE 28 Jun 48			
SIGNATURE OF GRADE AND ORGANIZATION OF WITNESS (To be witnessed by recruiting officer.) Robert [Signature] S/Sgt Inf, 5304 ASU		SIGNATURE OF APPLICANT Loran E Hall	
VERIFIED AT (See Instruction 7) Wichita, Kansas		BY (Signature of recruiting officer.) [Signature]	
NAME AND GRADE OF CANVASSER George E Mardorf, M/Sgt		GRADE AND ORGANIZATION OF RECRUITING OFFICER 1st Lt Inf	
		ENLISTED UNDER WD Pamphlet 12-16, 1947 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
REMARKS			

OATH AND CERTIFICATE OF ENLISTMENT

STATE OF Kansas
 CITY, TOWN, OR MILITARY POST Wichita SS

I, Loran Eugene Hall A CITIZEN OF THE UNITED STATES, DO HEREBY ACKNOWLEDGE
 (First name—Middle name—Last name)

TO HAVE VOLUNTARILY ENLISTED THIS 30 DAY OF June, 1948 AS A SOLDIER IN THE REGULAR ARMY OF THE UNITED STATES OF AMERICA FOR THE

PERIOD OF Three (3) years UNDER THE CONDITIONS PRESCRIBED BY LAW, UNLESS SOONER DISCHARGED
 (Words and figures initialed by soldier)

BY PROPER AUTHORITY; AND DO ALSO AGREE TO ACCEPT FROM THE UNITED STATES SUCH BOUNTY, PAY, RATIONS, AND CLOTHING AS ARE OR MAY BE ESTABLISHED BY LAW; AND I DO SOLEMNLY SWEAR (or Affirm) THAT I WILL BEAR TRUE FAITH AND ALLEGIANCE TO THE UNITED STATES OF AMERICA; THAT I WILL SERVE THEM HONESTLY AND FAITHFULLY AGAINST ALL THEIR ENEMIES WHOMSOEVER; AND THAT I WILL OBEY THE ORDERS OF THE PRESIDENT OF THE UNITED STATES, AND THE ORDERS OF THE OFFICERS APPOINTED OVER ME, ACCORDING TO THE RULES AND ARTICLES OF WAR.

SIGNATURE: Loran E. Hall
 (First name—Middle initial—Last name)

I CERTIFY THAT THE ABOVE OATH WAS SUBSCRIBED AND DULY SWORN TO BEFORE ME THIS 30 DAY OF June, A. D., 1948. I FURTHER CERTIFY THAT THIS SOLDIER WAS MINUTELY INSPECTED BY ME PREVIOUS TO HIS SUBSCRIPTION TO THE OATH; THAT I FOUND HIM ENTIRELY SOBER AND IN FULL POSSESSION OF ALL HIS MENTAL FACULTIES; THAT TO THE BEST OF MY JUDGMENT AND BELIEF HE FULFILLS ALL LEGAL REQUIREMENTS, AND THAT IN ENLISTING HIM INTO THE SERVICE OF THE UNITED STATES I HAVE STRICTLY OBSERVED THE REGULATIONS WHICH GOVERN THE RECRUITING SERVICE. I FURTHER CERTIFY THAT THE ABOVE OATH, AS FILLED IN, WAS READ TO THE APPLICANT BEFORE HIS SUBSCRIPTION THERETO.

AUBREY J SHELTON, 1st Lt Inf, Summary Court
 (Typed name, grade, and organization of recruiting officer)

Aubrey J Shelton
 (Signature of recruiting officer)

- 1 Carefully compare with the name at top of page 1.
- 2 The dates in the oath and certificate must be the same.
- 3 The signature must be identical with that subscribed to Declaration of Applicant.

NEAREST RELATIVE AND PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

FULL NAME OF NEAREST RELATIVE (Other than wife or minor child.)
Mrs Marie Adella Hall
 RELATIONSHIP Mother ADDRESS (Number and street or rural route—If none, so state; city, town, or post office; State or country.)
126 1/2 West 6th St., Newton, Kansas

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY
Mrs Marie Adella Hall
 RELATIONSHIP (If friend, so state.) Mother ADDRESS (Number and street or rural route—If none, so state; city, town, or post office; State or country.)
126 1/2 West 6th St., Newton, Kansas

DESIGNATION OF BENEFICIARY

THE PERSONS ELIGIBLE TO BE MY BENEFICIARY ARE DESIGNATED BELOW:
 1. FULL NAME AND ADDRESS OF WIFE (If no wife, or if she is deceased or divorced, so state.)
None

2. FULL NAME AND ADDRESS OF EACH MINOR CHILD AND EACH DEPENDENT CHILD OVER 21 YEARS OF AGE (If there are no children, so state. If the address is the same as the wife's, so state. Do not repeat address.)
None

3. IN THE EVENT OF MY LEAVING NO WIDOW OR CHILD, OR THEIR DECEASE BEFORE PAYMENT IS MADE, I THEN DESIGNATE AS MY BENEFICIARY THE FOLLOWING RELATIVE (Give name, relationship and address.) (See Instruction 10.)
Marie Adella Hall, Mother, 126 1/2 West 6th St., Newton, Kansas

4. IN THE EVENT OF THE DEATH OR DISQUALIFICATION OF THE LAST-NAMED DEPENDENT RELATIVE BEFORE PAYMENT IS MADE, I THEN DESIGNATE AS MY BENEFICIARY THE FOLLOWING RELATIVE (Give name, relationship, and address.) (See Instruction 10.)
Mr Jack F Hall, Father, 126 1/2 West 6th St., Newton, Kansas

SIGNATURE OF ENLISTED MAN (First name—Middle initial—Last name)
Loran E. Hall

WITNESSED AT Wichita, Kansas

DATE 30 Jun 48

TYPED NAME, GRADE, AND ORGANIZATION OF WITNESS ATTESTING
AUBREY J SHELTON, 1st Lt Inf, Summary Court

SIGNATURE OF WITNESS
Aubrey J Shelton

PHYSICAL AND MENTAL EXAMINATION

LAST NAME—FIRST NAME—MIDDLE NAME Halls Loran Eugene		ARMY SERIAL No. RA 17 224 450	White	DATE OF ENLISTMENT 30 Jun 48																																																		
1. MEDICAL HISTORY—THE MEDICAL OFFICER WILL ELABORATE UPON THE CONDITIONS LISTED IN ITEM CONCERNING PHYSICAL DEFECTS AND USE OF HABIT-FORMING DRUGS ON PAGE 1 AND UPON ANY OTHER KNOWN MEDICAL FACTS (If necessary, use additional sheet of paper.)																																																						
INTELLIGENCE STANDARDS																																																						
HIGH SCHOOL GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ENGLISH SPEAKING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	QUALIFICATION TEST (Form used) R-5	SCORE 117-II	ILLITERATE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																																																		
2. COMPLEXION Ruddy		17. TEETH (Indicate restorable carious teeth by O; nonrestorable carious teeth by I, missing natural teeth by X, teeth replaced by denture—horizontal line over X as XXX and teeth replaced by fixed bridge—oval to include abutments—as (4 X 6). Class II EXAMINEE'S																																																				
4. COLOR OF HAIR Black	5. COLOR OF EYES Hazel	<table border="0" style="width:100%;"> <tr> <td align="center" colspan="5">RIGHT</td> <td align="center" colspan="5">LEFT</td> </tr> <tr> <td align="center">8</td><td align="center">7</td><td align="center">6</td><td align="center">5</td><td align="center">4</td> <td align="center">3</td><td align="center">2</td><td align="center">1</td><td align="center">X</td><td align="center">X</td> <td align="center">X</td><td align="center">2</td><td align="center">X</td><td align="center">3</td><td align="center">4</td><td align="center">5</td><td align="center">6</td><td align="center">7</td><td align="center">X</td><td align="center">16</td> </tr> <tr> <td align="center">16</td><td align="center">15</td><td align="center">14</td><td align="center">X</td><td align="center">12</td><td align="center">11</td><td align="center">10</td><td align="center">9</td><td align="center"></td><td align="center"></td> <td align="center">9</td><td align="center">10</td><td align="center">11</td><td align="center">12</td><td align="center">13</td><td align="center">14</td><td align="center">15</td><td align="center">16</td><td align="center"></td><td align="center"></td> </tr> </table>			RIGHT					LEFT					8	7	6	5	4	3	2	1	X	X	X	2	X	3	4	5	6	7	X	16	16	15	14	X	12	11	10	9			9	10	11	12	13	14	15	16		
RIGHT					LEFT																																																	
8	7	6	5	4	3	2	1	X	X	X	2	X	3	4	5	6	7	X	16																																			
16	15	14	X	12	11	10	9			9	10	11	12	13	14	15	16																																					
6. POSTURE Good	7. FRAME Medium	18. MOUTH AND GUM ABNORMALITIES None																																																				
8. HEIGHT (Inches) 71½	9. WEIGHT (Pounds) 189	19. CHEST (At nipples) INSPIRATION 40 INCHES; EXPIRATION 34 INCHES		20. MEASUREMENT OF ABDOMEN AT UMBILICUS 32 INCHES																																																		
10. VISION		21. EYE ABNORMALITIES None		22. EAR, NOSE, AND THROAT ABNORMALITIES None																																																		
UNCORRECTED	CORRECTED	23. CARDIOVASCULAR SYSTEM Normal																																																				
RIGHT EYE 20/ 20	RIGHT EYE 20/	24. LUNGS Clear																																																				
LEFT EYE 20/ 20	LEFT EYE 20/	25. CHEST X-RAYS																																																				
11. HEARING (Whispered voice)		26. SKIN Clear																																																				
RIGHT EAR 18 ; LEFT EAR 16 /15		27. VARICOSE VEINS None																																																				
12. PULSE		28. HERNIA Enlarged Ring L & R Side																																																				
SITTING 88 ; AFTER EXERCISE 120		29. HEMORRHOIDS None																																																				
2 MINUTES AFTER EXERCISE 88		30. ABDOMINAL VISCERA Normal																																																				
13. BLOOD PRESSURE		31. GENITALIA Normal																																																				
SYSTOLIC 110 ; DIASTOLIC 80		32. FEET																																																				
14. URINALYSIS		34. RESULTS OF LABORATORY EXAMINATIONS, WHEN MADE																																																				
SP. GR. 1.020 SUGAR Neg		35. BLOOD SEROLOGY																																																				
ALBUMIN Neg MICROSCOPIC 1																																																						
15. NEUROPSYCHIATRIC																																																						
Normal																																																						
16. ENDOCRINE DISTURBANCES																																																						
None																																																						
33. REMARKS ON DEFECTS NOT SUFFICIENTLY DESCRIBED ABOVE (Use additional sheets if necessary.)				37. OTHER DATA																																																		
38. SUMMARY OF DEFECTS IN ORDER OF IMPORTANCE, IMPRESSION OF PHYSICAL FITNESS																																																						
39. I CERTIFY THAT I HAVE CAREFULLY EXAMINED THE APPLICANT AND HAVE CORRECTLY RECORDED THE RESULTS OF THE EXAMINATION; AND THAT, TO THE BEST OF MY JUDGMENT AND BELIEF																																																						
<input checked="" type="checkbox"/> A. HE IS MENTALLY AND PHYSICALLY QUALIFIED FOR SERVICE IN THE UNITED STATES ARMY IN A GENERAL SERVICE CAPACITY. <input type="checkbox"/> B. HE IS <input type="checkbox"/> PHYSICALLY <input type="checkbox"/> MENTALLY DISQUALIFIED FOR SERVICE IN THE UNITED STATES ARMY BY REASON OF:																																																						
PLACE Wichita, Kansas	SIGNATURE <i>Maurice M Tinterow</i>																																																					
DATE 29 Jun 48	NAME (Typed or stamped) MAURICE M TINTEROW	GRADE MD																																																				

¹When indicated. ²Check blocks indicated.

Page 3 of WD AGO Form 81. 1 May 1946

FINGERPRINTS—RIGHT HAND

(Fingerprint impressions will be made in this space in the case of every man enlisting and reenlisting in the Regular Army)

1. THUMB	2. INDEX	3. MIDDLE	4. RING	5. LITTLE

REPORT OF MEDICAL EXAMINATION

Copied

INSTRUCTIONS FOR PREPARING THIS FORM.—N. S. A. represents No Significant Abnormality. In Items No. 20 through No. 41, if abnormal, describe in space of each heading, or under No. 42, "Remarks," or if necessary on additional sheets the same size. Write on each sheet name, date of birth, and identification number.

1. LAST NAME—FIRST NAME—MIDDLE NAME Hall, Loren Eugene			2. PLACE AND DATE OF EXAMINATION Det. C, 7779 Med Det, APO 172.		
3. DATE OF BIRTH 4 Jan 1930	4. AGE IN YEARS LAST BIRTHDAY 21	5. IDENTIFICATION NO. RA17224450	6. PURPOSE OF EXAMINATION Discharge & Reenlistment		
7. SERVICE, DEPARTMENT, OR AGENCY US Army		8. COMPONENT AND BRANCH MPC	9. ORGANIZATION 521st MP Svc Plat	10. GRADE, RATING, OR POSITION Cpl	
11. SEX Male	12. RACE W	13. HOME ADDRESS (Street, or RFD number, city, zone, State) 111 South East 7th, Newton, Kansas			
14. PLACE OF BIRTH Same as #13			15. OTHER DATA SELECTIVE SERVICE NO. None		

16. RATING OR SPECIALTY 677	(Time in this capacity) TOTAL 2 Yrs	LAST 6 MONTHS 677
17. MEASUREMENTS		19. TEMP. 98.2
HEIGHT (Shoelace) 72 INS.	WEIGHT (Stripped) 175 LBS.	20. SKIN—INCLUDING HAIR DISTRIBUTION, THICKNESS OF NAILS, TATTOOING, AND SCARS N. S. A. <input type="checkbox"/>
18. BUILD (Including frame and figure)	MEDIUM <input type="checkbox"/>	SLENDER <input type="checkbox"/>
	HEAVY <input type="checkbox"/>	OBESSE <input type="checkbox"/>
	X	

21. LYMPH GLANDS AND LYMPHATICS
N. S. A.

22. HEAD, FACE, AND NECK—N. S. A. 23. NOSE, SINUSES, MOUTH, AND THROAT—N. S. A.

24. EARS—A. CANALS, EXT. EARS—N. S. A. <input checked="" type="checkbox"/>	B. DRUMS—NO PERFORATION <input checked="" type="checkbox"/> N. S. A. <input checked="" type="checkbox"/>	C. HEARING (Whispered and spoken voice at 16 ft.) RIGHT WV 15 /15: SV 15/15 LEFT WV 15 /15: SV 15/15	D. AUDIOMETER DECIBELS LOSS	256	512	1024	2048	4096	8192
			RIGHT						
			LEFT						

25. EYES—A. EXTERNAL EYE, RIGHT EYE—N. S. A. LEFT EYE—N. S. A. B. PUPILS—EQUAL NORMAL TO ACCOMMODATION TO LIGHT

C. ASSOCIATED PARALLEL MOVEMENTS, NYSTAGMUS—N. S. A.

D. DISTANT VISION	E. REFRACTION (Manifest) (Cycloplegic) STRIKE OUT ONE	F. NEAR VISION—(At 14 inches)
RIGHT 20/ 20 CORR. TO 20/ BY S. C. CX		R-1 Meyrowitz Test Chart CORR. TO BY
LEFT 20/ 20 CORR. TO 20/ BY S. C. CX		L-1 CORR. TO BY

G. COLOR VISION—N. S. A. TEST USED **M-2 PIP**

H. HETEROPHORIA (Specify distance)	ES°	EX°	R. H.	L. H.	PRISM DIVERGENCE	PRISM CONVERGENCE
Cover Test (18 feet) Orthophoria						

I. RED LENS—N. S. A. <input type="checkbox"/>	J. FIELD OF VISION—RIGHT—N. S. A. <input type="checkbox"/> LEFT—N. S. A. <input type="checkbox"/>	K. DEPTH PERCEPTION TEST USED SCORE
L. OPHTHALMOSCOPIC—RIGHT—N. S. A. <input checked="" type="checkbox"/> LEFT—N. S. A. <input checked="" type="checkbox"/>	M. ACCOMMODATION—RIGHT LEFT	N. NIGHT VISION TEST USED SCORE

26. DENTAL—INDICATE BY SUPERIMPOSING PROPER SYMBOL ON TOP OF NUMBER OF TOOTH, I. E., RESTORABLE CARIOUS TEETH BY O, EX-TRACTION INDICATED BY /, MISSING NATURAL TEETH BY X, TEETH REPLACED BY FULL OR PARTIAL DENTURE HORIZONTAL LINE OVER XXX, TEETH REPLACED BY FIXED BRIDGE BRACKETS TO INCLUDE ABUTMENTS AND LINE UNDER TOOTH (1 X 3), CROWNS BY C, IMPACTED TEETH BY #, FILLINGS PRESENT IN TOOTH BY F, NORMAL TEETH BY N, WHEN DECIDUOUS TEETH PRESENT INSERT LETTERS IN RELATIVE POSITIONS. EXAMPLE: EDCBA ABCDE ABOVE OR BELOW 5421 12345.

UR	XX O X P O XX X X C F N F F O	UL
LR	X O P N N N N N N N N N X P N	LL

REMARKS AND DISQUALIFYING DENTAL DEFECTS

CLASS: **II**

27. PULSE RATE AND BLOOD PRESSURE (Arm at heart level)

SITTING: PULSE 74	B. P.: S. 110 D. 70	RECUMBENT: PULSE 60	B. P.: S. 118 D. 68
STANDING (3 min.): PULSE 80	B. P.: S. 122 D. 82	SITTING: PULSE AFTER EXERCISE 88	: 2 MIN. AFTER 74

28. LUNGS—N. S. A. CHEST—N. S. A. (Include breasts for females)

29. CHEST—N. S. A. NOT DONE X-RAY

30. HEART—N. S. A.

31. EKG—N. S. A. NOT DONE

32. VASCULAR SYSTEM—A. ARTERIES AND VEINS—N. S. A. B. VARICOSE VEINS—NONE

33. ABDOMEN AND VISCERA—N. S. A. A. LIVER—N. S. A. B. SPLEEN—N. S. A. C. MASSES—NONE

See Par #42

34. HERNIA. (If present describe location, size, shape, reducibility) (Complete or incomplete)
NONE

35. ANUS AND RECTUM—HEMORRHOIDS, FISTULAE, OTHER ABNORMALITIES
N. S. A.

36. VENEREAL DISEASE NONE 37. ENDOCRINE SYSTEM N. S. A.

38. G-U SYSTEM N. S. A. (Include prostate exam. if indicated) PELVIC—N. S. A. VAGINAL DONE OR RECTAL DONE

39. SPINE AND EXTREMITIES—A. BONES—JOINTS—MUSCLES—N. S. A. B. FEET—N. S. A.

C. GAIT—N. S. A.

40. NEUROPSYCHIATRIC—A. NEUROLOGICAL (Consider CRANIAL NERVES, MOTOR STATUS and COORDINATION, REFLEXES, SENSORY STATUS, EQUILIBRIUM. Always mention EXACT LOCATION.) B. PSYCHIATRIC AND PERSONALITY. (Consider BEHAVIOR, COMPREHENSION, COHERENCY OF RESPONSES, EMOTIONAL REACTIONS, ORIENTATION, MEMORY, and SIGNS OF TENSION.)

A. NEUROLOGICAL—N. S. A. B. PSYCHIATRIC—N. S. A. C. PSYCHOLOGICAL TESTING TEST USED SCORE D. PERSONALITY DEVIATION (If answer is yes, explain and cite recommendations under Item No. 42) YES NO

41. LABORATORY TESTS—A. SEROLOGY (Specify test used—Result) Kahn-Negative	B. URINALYSIS SP. GR. 1.022 MICROSCOPIC Negative	ALBUMIN Neg	SUGAR Neg	C. BLOOD TYPE AND CLASSIFICATION USED "A" International Rh factor Positive
	D. OTHER LABORATORY EXAMINATIONS None			

42. A. REMARKS—B. SUMMARY OF PERTINENT AND INTERVAL HISTORY—C. SUMMARY OF DEFECTS—D. DIAGNOSIS
Par #20. Scars both eyebrows, left leg backside, chronic lichen right hand appendectomy 1939.
Par #33. Slight enlargement of liver. Possible Hepatitis in 1948. Patient at Field Hospital Regensburg, Germany.
No other significant history.

PHYSICAL PROFILE					
P	U	L	H	E	S
1	1	1	1	1	1
PHYSICAL CATEGORY (Check)					
A	B	C	E		
X					

REMARKS (If "Physical Category" is other than A, specify reasons for such classification)

43. FURTHER SPECIALIST'S EXAMINATION INDICATED YES NO. IF YES, SPECIFY
EXAMINEE (IS) OR (IS NOT) (Strike out one) QUALIFIED FOR Active Duty
TYPE OF QUALIFICATION General Service
IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS AND RECOMMENDATIONS _____

44. SIGNATURE OF PHYSICIAN <i>Enrico D. Carrasco</i>	NAME TYPED OR PRINTED ENRICO D. CARRASCO, Major MC
45. SIGNATURE OF PHYSICIAN <i>Donald R. Korst</i>	NAME TYPED OR PRINTED DONALD R. KORST, Capt MC
46. SIGNATURE OF DENTIST OR PHYSICIAN (Indicate which) <i>Walter W. Tucker</i>	NAME TYPED OR PRINTED WALTER W. TUCKER, 1st Lt DC
47. SIGNATURE OF REVIEWING OFFICER	NAME TYPED OR PRINTED DATE

REPORT OF PHYSICAL EXAMINATION OF ENLISTED PERSONNEL PRIOR TO DISCHARGE, RELEASE FROM ACTIVE DUTY OR RETIREMENT

1. Last name—First name—Middle initial HALL, LORAN E.	2. Army Serial Number 17224450	3. Grade PVT	4. Regiment, arm or service
5. Permanent mailing address 126 1/2 WEST 6th NEWTON, KANSAS		6. Color	7. Age in years 17
		8. Sex	
		9. Syphilis Register In S/R? Yes or No Closed in S/R? Yes or No No	

STATEMENT AND MEDICAL HISTORY OF EXAMINEE

10. At the present time do you have any wound, injury or disease which is disabling? If answer is yes, list those conditions first under Item 11.				Yes or No NO
11. List all significant diseases, wounds, and injuries. State circumstances under which wounds or injuries were incurred and date of onset. Answer yes or no in Columns 1 to 4. (Continue on back if necessary.) Denies history of malaria or syphilis				
	1 EPTS 2*	2 AMS 3*	3 IMS 4*	4 PD 5*
A. Heart murmur 1944	yes	no	no	no
B. Back injury base of spine-1945-In Army Feb 47 Madigan GH, Wn. (over)	yes	no	yes	no

RECORD OF PHYSICAL EXAMINATION

12. Teeth—Indicate restorable carious teeth by O, non-restorable carious teeth by /, missing natural teeth by X, teeth replaced by denture, horizontal line over X, as XXX and teeth replaced by fixed bridge, oval to include abutments, as (416) class III		13. Mouth and gum abnormalities none																																																
<table style="width: 100%; text-align: center;"> <tr> <td colspan="5">RIGHT</td> <td colspan="5">EXAMINEE'S</td> <td colspan="5">LEFT</td> </tr> <tr> <td>16</td><td>15</td><td>14</td><td>13</td><td>12</td> <td>11</td><td>10</td><td>9</td> <td>8</td><td>7</td><td>6</td><td>5</td><td>4</td><td>3</td><td>2</td><td>1</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td> <td></td><td></td><td></td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>		RIGHT					EXAMINEE'S					LEFT					16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1																	14. Dental prosthesis: Serviceability none	
RIGHT					EXAMINEE'S					LEFT																																								
16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1																																			
15. Skin Right rectus scar 4"		16. Gento-Urinary (And pelvic for women) normal																																																
17. Varicose veins none		18. Hernia none																																																
19. Musculoskeletal defects none		20. Feet normal																																																
21. Cardiovascular system Slight rough apical systolic murmur		22. Blood pressure Systolic 108 Diastolic 46																																																
23. Lungs normal		24. Chest X-ray no significant abnormalities																																																
25. Neurological diagnosis normal		26. Psychiatric diagnosis normal																																																
27. Eye abnormalities none		28. Uncorrected — Vision — Corrected Right eye 20/20 Left eye 20/20 Right eye 20/20 Left eye 20/20																																																
29. Ear, nose, throat, abnormalities none		30. Hearing (Whispered voice) Right ear 15/15 Left ear 15/15																																																
31. In your opinion will wound, injury or disease result in: Disability? Yes or No Untimely death? Yes or No Condition: 11a no no		32. In your opinion was wound, injury, or disease incurred in line of duty? Condition: 11b yes no																																																
33. Remarks, special tests, or other defects (Continue on back) 11a		34. Blood serology result Kahn: negative																																																
35. Date of examination 8 Apr 47		36. Location Ft Lewis Wn																																																
37. Typed name and grade C W HOCH CAPT MC		38. Signature <i>C. W. Hoch</i>																																																

48. Use this space for a continuation of remarks or other defects from the reverse side only.

C. Appendectomy-1939

yes no no no



REPORT OF BOARD OF REVIEW

(See Instruction 2)

From a careful consideration of the case and a critical examination of the enlisted person, we find that:

1. He meets physical and mental standards for discharge.
2. He meets physical and mental standards for discharge except as follows:

3. The defect, wound, injury, or disease is likely to result in untimely death.
4. The defect, wound, injury, or disease is likely to result in permanent disability.
5. In our opinion, the defect, wound, injury, or disease was incurred in line of duty in the military service of the United States.

Yes or No

Location	Typed name	Grade	Signature
		M. C.	
Date	Typed name	Grade	Signature
		M. C.	

INSTRUCTIONS:

1. This report will be made out for all enlisted personnel immediately preceding separation by discharge and release from active duty, unless discharged on a certificate of disability, or retirement for service.
2. If the declaration of the enlisted man under item ten (10) when yes only, and the certificate of the examining surgeon do not agree, the case will be referred to a board of review to consist of not less than two medical officers, convened in accordance with appropriate Army Regulations.
3. Report will be prepared in duplicate. Each item provided for will be completed with an appropriate notation. The original will be signed.

W

H.C.

D.P. NO

g: Obs For Epilepsy

Time 2025

A. HOSPITAL MAD GEN HOSP				1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, Loran E							
B. WARD S5 W22		C. RELIGION P		D. PREV. ADM. No		2. REGISTER NO 80 497		3. ARMY SERIAL NO. 17 224 450		4. GRADE Pvt	
E. NAME AND ADDRESS OF NEAREST RELATIVE (M) Marie LORAN Hall 126 1/2 W 6th St Newton, Kan						5. ORGANIZATION AND ARM OR SERVICE (IF AAF PERSONNEL, SEE BELOW) (Unasgd) Co D 130 Tng Bn					
6. AGE 17		7. RACE W		8. LENGTH OF SERVICE 1/12		9. DATE OF ADMISSION 18 Feb 47					
F. DIS. D		INJ.		B/C		G. ADMITTING OFFICER JFM/cl/G		10. SOURCE OF ADMISSION Dir Ca: Prop Sta Ft Lewis, Wn Init Adm Same 18 Feb 47			
* IF AAF, INDICATE PILOT, NON-PILOT FLYING PERSONNEL, GROUND PERSONNEL OR AVIATION CREW											
11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS											

~~Undiagnosed disease - Cxk~~ Syncope, cause undetermined

Yoo-yoo Disease of undetermined cause

9172-023 Lumbar puncture, 21 Feb 47, spinal fluid negative.

Specialized treatment KP
Reconditioning Class III A

PROFILE SERIAL										
	P	U	L	H	E	S	X	R	D	
LAST PROFILE SERIAL (IF KNOWN)										
12. TITLE OF DUTY No, EPTS		13. DESIG, POST AND DATE AR 615-365			14. SIGNATURE, TITLE AND GRADE L. F. Jenk, 1st Lt., MC					

Form 55 B
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS
PERSONAL HISTORY

Name M. J. ... Grade ... Ward ...

Chief complaint: (1) Passed-out 1941, 1943
(2) Passed-out when in Army

General appearance and condition on admission:

*slight speechless (claims since not even
upper teeth removed)*

Occupation: *Civilian: Truck driver*

Tropical service: *none*

Habits (alcohol, tobacco, drugs): *none*

Family history: *2 Hqs. per day
"very little"*

M - *a + w*
F - *a + w*
D - *a + w*

Previous personal history: *Denies any family or convulsions
2nd grade school - And quite smart.
Denies any previous illness*

Injuries: *First spine - 1946 (March) hyperextension
hit him in back - no sequelae - in cast for
about 1 wk.*

Venereal disease: *Denies*

HISTORY OF THE PRESENT ILLNESS

Claims in 1941 when he got out of hospital for "~~fever~~ fever" (Claims was in hosp. for about 2 wks. - had temp 102° and felt weak all over) - Claims he passed-out - fainted while standing in the sun. No shaking - ok in few minutes. Later '41 passed out while standing for inspection while in "CHPC" - just fainted for 30 seconds. Claims was weak from not having eaten dinner.

Claims had headaches off and on sometimes in front of head & sometimes in back

While in the Army in the "Day Room" getting up off a chair he hit his back against the arm of the chair and felt a pain go up back to head and felt in severe pain then passed-out for few minutes. Was taken to hospital.

PHYSICAL EXAMINATION

Name Hall, Loran E. Grade Pvt. Ward 22A

Height: Normal weight: Present weight:

Skin: *Tattoo left forearm & arm
RL A surgical scar.*

Head (including special senses, nose, mouth, throat, and pharynx):

No bumps or increased tenderness

Neck:

No increased stiffness, or enlarged glands or goiter

Thorax:

Symmetrical

Lungs:

Clear to auscultation and percussion

Vascular system (arterial and venous):

Normal

Blood pressure: Systolic 115; diastolic 70

Heart:

*no enlargement
no murmurs
no arrhythmia*

22

PHYSICAL EXAMINATION

Abdomen:

Normal contour, no tumors or tenderness

Hernia:

None

Genito-urinary:

Normal to inspection

Anus and rectum:

Normal to inspection

Glandular system (lymphatic and endocrine):

Normal

Bones and joints:

Normal

Muscular system:

Normal

Nervous system:

Cranial nerves intact. No motor or sensory impairment.
Reflexes bilaterally equal and normal. Station and gait
normal.

Date _____, 19____

Signature

L. F. Jenk

Name (typed)

L. F. Jenk, 1st Lt., MC Grade

Form 55 D
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

**INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED
LABORATORY TESTS, AND CONSULTATIONS**

Name Hall, Doran E. Grade Pvt. Ward 22A

Transfer diagnosis:

Initial summary: Fainted in 1941 and 1943 and once while in the army.
Neurological examination is negative.

Working diagnosis or impression: Syncope, cause undetermined

Contemplated laboratory tests and special examinations:

FINAL SUMMARY

HALL, LORAN E.

PVT

22A/5 11 Mar 47

White male, age 17, with one month military service, entered the hospital relating that in 1941 after he had been in a hospital for fever, he had fainted while in a formation while standing in the sun. He denies any convulsions. Patient just passes out and comes to in a few minutes. Later that same year, while standing at inspection for the Civil Aeronautic Patrol, he just fainted. He believes that he was very weak from not having eaten dinner. While in the army in a dayroom he was getting up out of a chair, hit is back against the arm of the chair, felt a pain go up to his head and then just passed out. Patient was admitted to the hospital.

Neurological examination of patient is completely negative. Patient appears somewhat immature. Lumbar puncture, spinal fluid analysis, X-ray of skull, glucose tolerance curve, and other routine laboratory tests were completely normal.

We are unable to substantiate any diagnosis of epilepsy; however, it is felt that this patient should be separated from the service with the diagnosis of syncope, cause undetermined. Patient may be returned to civilian life essentially in the same condition as on entrance in the army. He will be discharged under provision of AR 615-365.

L. F. Jenk
L. F. Jenk, 1st Lt., MC

PROGRESS NOTES

Name _____ Grade _____ Pvt. _____ Ward 224

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

20 Feb -47

Tonight while pt was at Red Cross he turned suddenly in his chair and struck his spine on the chair. He caused him severe pain & he could not get up. The pain radiated up to his head & down his legs. He was returned to his ward on a stretcher. On examination pt showed decreased flexion of his legs & thighs & some pain over sacral area. Reflexes & pain sense OK. Tenderness over both sacral iliac joints, sacrum and right iliac crest posteriorly. After short period pt was again able to move out of bed & walk & little discomfort.

R. McKnight, 1st Lt., MC
N.O.P.

28 Feb 47: Patient has had no observed faints or convulsions while in the hospital. X-ray of skull, lumbar puncture and spinal fluid analysis, glucose tolerance curve, and other routine laboratory tests have all been negative.

L. F. Jenk

11 Mar 47: Interview with patient's mother yesterday reveals that patient has had no convulsions to her knowledge. Patient did have a faint while standing in a formation in a Civil Aeronautic Patrol. Patient's mother recalled no history of epilepsy in the family. It is felt that patient should be separated from the army with the impression of syncope, cause undetermined. We are unable to substantiate a diagnosis of epilepsy?

L. F. Jenk, 1st Lt., MC

(Use both sides of this sheet)

26

RADIOLOGIC RECORD

Name Hall, Loran E. Grade Pvt. Ward 22

Film No. _____

NAME <u>Hall, Loran E.</u>	GRADE <u>Pvt.</u>	SERIAL No. <u>17 224450</u>	AGE <u>22 1/2</u>
PART TO BE EXAMINED (OR TREATED) <u>Chest X-Ray</u>			
CLINICAL DIAGNOSIS (INCLUDE OPERATIONS) <u>Clearance</u>			
HOSPITAL <u>M. J. H.</u>	DATE <u>12 March 47</u>	SIGNATURE <u>L. F. Leaver</u>	
		<u>2181</u>	<u>M. C.</u>

Heart & Lungs are negative

F. Y. LEAVER
COL. MC

Film No. _____ Date 13 MAR 1947 _____, M. C.

WD AGO FORM 8-63 Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used. **RADIOLOGIC REPORT**

NAME <u>Hall, Loran E.</u>	GRADE <u>Pvt.</u>	SERIAL No. <u>17224450</u>	AGE <u>17</u>	WARD <u>22 1/2</u>
PART TO BE EXAMINED (OR TREATED) <u>X-Ray of Skull</u>				
CLINICAL DIAGNOSIS (INCLUDE OPERATIONS) <u>Observation for Epilepsy</u>				
HOSPITAL <u>Madigan Gen. Hosp.</u>	DATE <u>19 Feb. 1947</u>	SIGNATURE <u>L. F. Leaver</u>		
		<u>2181</u>	<u>M. C.</u>	

Ap and lateral films of the skull show no bony pathology.

F. Y. LEAVER
COL. MC

Film No. _____ Date 2/21/47 _____, M. C.

WD AGO FORM 8-63 Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used. **RADIOLOGIC REPORT**

27

CONSULTATION REQUEST AND REPORT

Name Hall, Leran E Grade 1 Pvt Ward 22 A/5

Date March 10, 1947

Consultation requested because of I. Q.

Provisional diagnosis Observed for Epilepsy

Routine.
Emergency. H. S. Kennick, M. C.

Date _____, 19____	Date _____, 19____
Office, Chief of _____ Service.	Office, Chief of _____ Service.
To Chief of _____ Service.	To _____
Approved. Disapproved. .	For consultation.
_____ M. C.	_____ M. C.

Date 10 March, 1947

Opinion of consultant:

The subject attained a Full Score of 111 on the "echsler-Bellevue intelligence test, giving him an I.Q. of 110 and placing him in the AVERAGE classification. The subject shows 11.3% mental deterioration, where the norm for his age group is 0%. His psychometric pattern is in general that of a psychopath: the performance score is greater than the verbal score; the sum of the object assembly and picture arrangement scores is greater than that of the block design and picture completion scores; the picture arrangement score is abnormally high; the digit symbol score is the lowest of the performance scores. Negative signs: great intertest variability; very poor performance on digits backwards in a person of otherwise average mentality. This last sign is usually indicative of some organic impairment.

William E. Kennick
William E. Kennick, pfc
psychiatric social worker M. C.

DIAGNOSIS SLIP	1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, Loran E		
	2. REGISTER NO. 80 497	3. ARMY SERIAL NO.* 17224 450	4. GRADE* Pvt
	5. ORGANIZATION AND ARM OF SERVICE (Unaccd) Co I 130 Tng Bn		
	6. AGE 17	7. RACE W	8. LENGTH OF SER. 1/12
	9. DATE OF ADMISSION* 18 Feb 47		
10. SOURCE OF ADMISSION* Dir Cas Prop Sta Ft Lewis, Wn			

*REQUIRED
ONLY WHEN
STENCIL
PROCEDURE
IS USED

INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible.

A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured.

11. DATE 18 Feb 47	12. WARD OFFICER L. F. Dent	13. WARD NO. 221F
------------------------------	---------------------------------------	-----------------------------

14. TYPE OF REPORT (Check one)	15. TYPE OF PATIENT (Check one)
<input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED <input type="checkbox"/> ADDITIONAL	<input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input checked="" type="checkbox"/> GEN. HOSP.

16. SPECIALTY (Check one)		
<input type="checkbox"/> GENERAL MEDICINE	<input type="checkbox"/> NEUROSURGERY	<input type="checkbox"/> TROPICAL DISEASES
<input type="checkbox"/> GEN & ORTH SURGERY	<input type="checkbox"/> CLOSED WARD NP	<input type="checkbox"/> OPHTHALMOLOGIC SURGERY
<input type="checkbox"/> OPEN WARD NP	<input type="checkbox"/> VASCULAR SURGERY	<input type="checkbox"/> TRENCH FOOT
<input type="checkbox"/> THORACIC SURGERY	<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> FEMALE
<input type="checkbox"/> PLAST & MAX-FAC SUR	<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> PW OFFICER
<input type="checkbox"/> DEAF	<input type="checkbox"/> NEUROSYPHILIS	<input type="checkbox"/> PW EM
<input type="checkbox"/> BLIND	<input checked="" type="checkbox"/> RHEUMATIC FEVER	
<input type="checkbox"/> AMPUTEE	<input type="checkbox"/> NEUROLOGY	

17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY 90 DAYS
<input type="checkbox"/> FULL DUTY <input type="checkbox"/> LIMITED DUTY <input type="checkbox"/> RETIREMENT
<input type="checkbox"/> CDD TO OWN CARE <input type="checkbox"/> TRANSFER TO VAF <input type="checkbox"/> TRANSFER TO OTHER HOSPITAL

18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)

HOSPITAL	DATE OF HOSPITALIZATION
A.	
B.	
C.	

HSING
TES AND
EATMENT
CORD
RD NO.

22A

SE NO.

1

DATE	NURSING NOTES	DATE	NURSING NOTES
28 Feb 47	Adm. via letter. Pt Complains of Vertigo & States that is only reason his Company Sent him to Hospital. Pt says much wishes to finish Basic Training		
28 Feb	Warm Boric acid Compress to rt. eye.		

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	DATE															
			24 Feb		27													
			0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	
19 Feb 47	① Obn. for epilepsy			✓														
	② X-ray skull			✓														
	③ E.E.G.																	
	④ Pl. N.P.N.				✓													
	⑤ Pl. glucose tolerance curve.					✓												
8 Mar 47	① I.Q. ✓ v.B.	279 Lit. D.																

REGISTER NO.

0497

7

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL OR BOTTOM LINE AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

DATE OF ADMISSION	GRADE	ARMY SERIAL NUMBER	NAME	DIAGNOSIS
18 Feb	Pvt	1799450	Hall, Loran E.	Obs. for vertigo

DEL. 1945 O-377

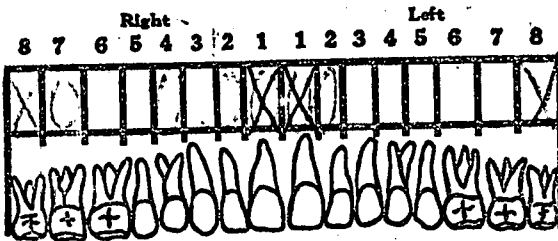
				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall Loran E						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	17224450	Pvt				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
Co D 130						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
17	W	1-12	20 Jan 47			
10. SOURCE OF ADMISSION				E1	E2	E3
*If AAF, indicate pilot, non-pilot (flying pers., ground pers., or avn. cadet)				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
<p>20 Jan 47.</p> <p>Frontal & maxillary</p> <p>pain. Sinusitis</p> <p>2, 7, 34, 57, 57</p> <p>Shedy.</p>				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1		Q2
				R		
				S		
				T		
				U		
12. LINE OF DUTY				V1	V2	
13. DISPOSITION				W1	W2	
14. DATE OF DISPOSITION				W. D., A. G. O.		
15. DAYS LOST → TOTAL				FORM NO. 8-24		
HOSPITAL				1 July 1944		
QUARTERS						
16. NAME AND LOCATION OF REPORTING INSTALLATION						
17. SIGNATURE						

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 10-40804-1 ☆ GPO

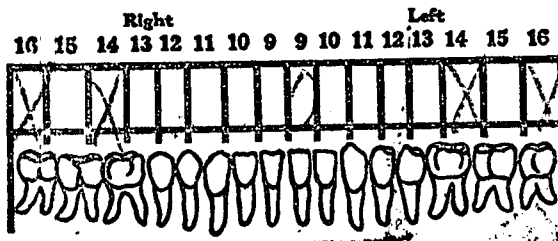
LAST NAME, FIRST NAME, MIDDLE INITIAL				DO NOT USE CODE BOXES		
HALL Loran E				A1	A2	A3
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
80 497	17 224 450	Pvt				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
(Unasgd) Co D 130th Tng Bn						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
17	W	1/12	18 Feb 47			
10. SOURCE OF ASSIGNMENT				E1	E2	E3
Direct Casual Proper Station Fort Lewis, Wash						
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
YOO&YOO 1. Disease, undiagnosed, manifested by syncope.				H		
				I		
				J		
				K		
				L		
				M		
				N		
21 Feb 47: (9172-023) Lumbar puncture, spinal fluid negative.				O		
Specialized Treatment: Gen Medicine Reconditioning Class: 3A				P		
				Q1	Q2	
				R		
				S		
12. LINK OF DUTY				T		
1-No EPTS						
13. DISPOSITION				U		
Duty, Limited service due to dg 1						
9 Apr 47						
14. DATE OF DISPOSITION				V1		
15. DAYS LOST →				V2		
TOTAL	HOSPITAL	QUARTERS				
50	50					
16. NAME AND LOCATION OF REPORTING INSTALLATION				W1		
Madigan General Hospital, Tacoma, Wash.				W2		
17. SIGNATURE				W.D.A.G.O. FORM NO. 8-24 1 July 1944		
C. R. GILLINGHAM, Major, MAC <i>CRG</i>						
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-40864-1 ★ GPO		

***REPORT OF DENTAL SURVEY**

UPPER TEETH



LOWER TEETH



CLASS II

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

beat 1st only

Date 2-10-47 19__

THOMAS R. HADDOCK

Dental Corps, U. S. A.

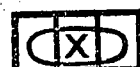
Major, Dental Corps

Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Teeth replaced by denture
 (horizontal line)



Teeth replaced by fixed bridge
 (oval to include abutments)



35

25 May 1945
MACH 251
(revised 26 Nov 46)

9952 TSU-900
MEDICAL GENERAL HOSPITAL
Tacoma, Washington

Ward 22A/5

Date 11 Mar 47

Hosp. Reg. No. 80 497

AR 615-365

Request for ~~ED~~ Proceeding For:

1. Name HALL, LORAN E.	2. A. S. N. 17 224 450	3. Grade Fvt	4. Organization, and Arm or Branch Ft. Lewis, Wa (Unassgd) Co D 139 Inf Bn
5. Color W	7. Diagnosis Syncopa, cause undetermined		
6. Date of admission 18 Feb 47	Date of: Previous hospitalization at: Date of:		
Previous hospitalization at:	Date of: Previous hospitalization at: Date of:		
Previous hospitalization at:	Date of: Previous hospitalization at: Date of:		
Note: Use back to recommend Veterans or home care	further	<i>L. F. Jark</i> L. F. Jark, 1st Lt., MC Name or Stamp of Ward Officer	

36

NSC FORM NO. 25
22 Sep 1944

HOSPITAL STATUS

HOSPITAL

MADIGAN, G H

NAME

HALL, Loran E

RANK

Pvt

DATE

9th Apr 47

REGISTER NUMBER

80 497

STATUS

Duty

ARMY SERIAL NUMBER

17 224 450

ORGANIZATION

Det of Pnts

TO: THE COMMANDING OFFICER
(THRU THE SURGEON)

IN COMPLIANCE WITH PAR 7C(3), AR 40-590, REPORT THE ABOVE NAMED MEMBER OF YOUR ORGANIZATION HAS BEEN

ADMITTED TO THIS HOSPITAL

DISCHARGED FROM THIS HOSPITAL

DATE ADMITTED

18 Feb 47

DATE RETURNING TO DUTY

9th Apr 47

LINE OF DUTY

YES

NO EPTS

INJURY

IS/WAS

DISEASE

IS/WAS NOT

THE RESULT OF PATIENT'S
OWN MISCONDUCT

AW 107

AR 35-1440

APPLYING

IS FURTHER TREATMENT REQUIRED

YES

NO

REMARKS

S5 W22
S0#76p3

FOR THE COMMANDING OFFICER:

C R GILLINGHAM MAJOR MAC
SIGNATURE

REGISTRAR
TITLE

37

2402—Presidio of SF (LGH) 7-23-45—100M

CLINICAL RECORD BRIEF				a. HOSPITAL 250th Med Sta Hosp		1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, Loran E			
b. WARD 3	c. RELIGION Cath	d. PREV. ADJ. no		2. REGISTER NO. 17 287	3. ARMY SERIAL NO. 17 224 450	4. GRADE Rct			
e. NAME AND ADDRESS OF NEAREST RELATIVE Mother: Marie 126 1/2 West Sixth Newton, Kansas				5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)* INF, Hq Trp 6th Const Regt					
f. DIS.	INJ.	B. C.	e. ADMITTING OFFICER CLJ	6. AGE 18	7. RACE W	8. LENGTH OF SERVICE 1 8/12	9. DATE OF ADMISSION 26 Nov 48		
				10. SOURCE OF ADMISSION Disp 6th Const					

1200

* If AAF, indicate pilot, non-pilot flying personnel, ground personnel or aviation cadet.

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS
Adm Diag: Hepatitis, obs for

Gastroenteritis, acute, moderate, c/u.

Condition: Cured

PROFILE	SERIAL								
	P	U	L	H	E	S	X	R	D
LAST (if known)									
PRESENT									
12. LINE OF DUTY <i>Yc.</i>	13. DISPOSITION AND DATE <i>To duty 14 Dec 48</i>				14. SIGNATURE OF WARD SURGEON <i>SC Wetters Capt MC.</i>				

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS
PERSONAL HISTORY

Name *Loran E. Hall* Grade *Pvt* Ward *3*

Chief complaint:

Weakness, malaise & anorexia - 10-14 days.

Mild diarrhea & blood streaked stools - 4 days.

General appearance and condition on admission:

*Well, well, well 18 yr old ♂ in no acute distress.
Alert & co-operative.*

Occupation:

Driver

Tropical service:

None

Habits (alcohol, tobacco, drugs):

5-6 beers daily, 1 pack, none

Family history:

*M. } a.s.o.
F. }*

No CA, diabetes, tbc, heart trouble or allergy.

Previous personal history:

Appendectomy 1940

No serious diseases

Injuries:

Back injury - Feb. '47 - hit i. Hovitz - no fracture.

Baseball bat hit back of left ear - unconscious 2 hrs. 99 hr. amnesia.

Veneral disease:

HISTORY OF THE PRESENT ILLNESS

For past 10-14 days patient has had anorexia, malaise, weakness, nausea & vomiting - progress worse. Vomited every 2 days. - food is greenish color & some ? blood (light red) streaks. Vomited 3X yesterday - once today. Vomits almost immediately upon eating.

Bowels normal until past 3-4 days - 2 soft movements now, brown & reddish streaks of ? blood, no mucus. Pain high in epigastrium & P.M.'s. Also had lower abdominal intermittent cramps the past few days. No jaundice or light stools. Has no dysuria, nocturia, hematuria or frequency. Urine yellow.

No recent colds, no cough or sore throat. No hemoptysis. No ear or nose trouble.

Has had headache, generalized top & front & in neck, throbbing.

PHYSICAL EXAMINATION

Name Hall, Loren E. Grade Ret. Ward 3

Height: Normal weight: Present weight:

Skin: Dry scaly skin over dorsum of left ankle & more marked on right - from old burn. No ulcers

Head (including special senses, nose, mouth, throat, and pharynx):

Eyes - pupils RR & E. No returns of sclera
Ears & nose - neg
Throat: 1+ congested

Neck:

No masses or stiffness

Thorax:

Symmetrical

Lungs:

Clear to T4 P.

Vascular system (arterial and venous):

No varicosities
Good quality pulses

Blood pressure: Systolic 125; diastolic 70

Heart:

Not enlarged, regular, tones good, no murmurs.

PHYSICAL EXAMINATION

Abdomen:

RLQ scar. Liver edge barely palpable ^{52 mm} & 1-2+ tentia.
No other masses or tenderness.

Hernia:

None

Genito-urinary:

No pain, lesions or discharge.

Anus and rectum:

Neg externally.

Glandular system (lymphatic and endocrine):

No adenopathy

Bones and joints:

Normal

Muscular system:

Well developed

Nervous system:

No Romberg
Reflexes physiologic

Date 26 Nov., 1948

Signature

S. Wittmer
Capt CMC

Name (typed)

Grade

42

PROGRESS NOTES

Name Hale, James E. Grade Act. Ward 3

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

27 Nov. Clinically patient seems to have a gastritis altho' he should be checked for a hepatitis. Blood work done today. sew

29 Nov. Gastric analysis this AM. Secretion indig 3 & no lactic acid. Sed rate 3 mm. Blood count normal. Appetite picking up - feels better. sew Trace of urobilinogen in urine.

30 Nov. No free HCl in gastric secretions. Fairly normal curve & alcohol. Clinically improved. sew

4 Dec. Capt Babbitt was not sure of results of G.I. series so it is to be repeated. He is to be left off medication. He is feeling fairly well and complains only of lower abdominal diarrhea at intervals. sew

1 Dec. Asymptomatic - ate breakfast so G.I. series not possible. Will check & X-ray for next time. sew

10 Dec '48 Repeated G.I. series. If this is OK will discharge soon - sew

13 Dec '48 G.I. series normal. Discharge. sew

TREATMENT

Name Hall, Loran E. Grade Act. Ward 3

1948

- 26 Nov. ✓ 1.) Routine lab. work in a.m.
 ✓ 2.) Crest - plate routine -
 ✓ 3.) Icteric index + Vandenberg
 ✓ 4.) Urine urobilinogen & bile
 ✓ 5.) Draw blood for influenza serum
 ✓ 6.) Low fat diet
 ✓ 7.) Sedimentation rate
 ✓ 8.) Multivitamin tab i TID
 ✓ 9.) Stool exam daily for blood and ova.
 ✓ 10.) Lanolin to anulus BID.

SPWittman Capt MC.

27 Nov. Sig + semi-soft diet such as jello, junket,
 Phenobarb + belladonna cop i AC Capt Wittman (J.F.A.)
 Gastric analysis Mon AM.

30 Nov. ✓ Chylo lab concerning icteric index
 ✓ Soft diet
 Sedimentation

1 Dec. Repeat urine for urobilinogen today
 ✓ Plus phenobarb + belladonna
 Daily stools for undigested foods + blood. x 3

2 Dec. ✓ Stool for ova & parasites x 2
 +

4 Dec. ✓ 1/2 doz. Fruit

6 Dec. Repeat ST series tomorrow
 Saw

8 Dec. ✓ ST series in AM - no breakfast
 Saw

TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Hall, Loran E. Grade Ret. Ward 3

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
26 Nov 1948	97	80	20	98	84	18		16 00	adm. anal. @ 1200 a. Room 209. Dx: Obs. for Hepatitis Pt. complains of nausea & vomiting, also diarrhea. - Rx: Routine lab. work in a.m. & Crest & Ray Multi-Vit tid Laudin to ankle bid Personal hygiene Multa-tibi tid.
27 Nov	98	68	20	99	72	18		16 00	Phenobarb & belladonna capsi Tides Gastric Analysis Mon am Hold breakfast in a.m. for gastric analysis. - Phenobarb. & Belladonna capsi tid ac. - Vitamin therapy. Laudin to ankle bid. Same care.
28 Nov	97	68	18	98	73	18		16 00	Gastric wash done this a.m. Stool spec. not obtained yet. -
29 Nov	97	70	18	98	76	18		16 00	Pt. out of Hepatitis isolation. Continues to complain of pains in stomach but no nausea or vomiting. - Med. cont'd Soft diet as usual. - Same care. -
30 Nov	97	70	18	98	80	20		16 00	
1 Dec	96	64	18	98	86	20		16 00	

(Over)

46

RADIOLOGIC RECORD

Name Hall, Loren E. Grade Ret. Ward 3

Film No. _____

NAME <u>Hall, Loren E.</u>	GRADE <u>Ret.</u>	SERIAL No.	AGE <u>18</u>	WARD <u>3</u>
PART TO BE EXAMINED (OR TREATED) <u>A. I. Series</u>				
CLINICAL DIAGNOSIS (INCLUDE OPERATIONS) <u>Ch. Anastom.</u>				
HOSPITAL <u>250th</u>	DATE <u>7 Dec 48</u>	SIGNATURE <u>Capt. Walton, M.C.</u>		

The esophagus, stomach and duodenum are normal.

Film No. 7590 Date 11 Dec 48 D.P. Babbitt, Capt., M.C.

WD AGO FORM 8-63 Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used. **RADIOLOGIC REPORT** 209 1 DEC 1944 7-50 M-12655 ☆ GPO

Film No. 7590 Date 1 Dec 48 D.P. Babbitt, Capt., M.C.

WD AGO FORM 8-63 Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used. **RADIOLOGIC REPORT** 1 DEC 1944 16-42737-2 ☆ GPO

WD AGO FORM 8-63 Replaces WD MD Form 55 K-2, 9 Jun 42, which may be used. **RADIOLOGIC REPORT** 1 DEC 1944 7-50 M-12655 ☆ GPO

47

209

LABORATORY REPORTS

Name Hall, Loren E Grade Ret. Ward 3

Name Loren E Hall Serial No. _____ Rank Ret
 Station 250 Station Hospital Ward 3
 Examination requested by Capt. Wittmer M. C.
 (Indicate examination requested by check (✓) below)

Character _____
 Color _____ Reaction _____
 Occult blood RPS / + Bile _____
 Mucus _____ Pus _____
 Fat _____ Undigested food a few parts
 Parasites or ova no parasites or ova

Remarks: DEC 1 - 1948

Lab. _____
 Form 55 L-9
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised June 9, 1942)

FECES Date 3 Dec 1948 M. C.
GPO 16-16972-1

MEDICAL DEPARTMENT, U. S. ARMY
 (Revised June 9, 1942)

203 FECES Date 2 Dec 1948 M. C.
GPO 16-16972-1

Form 55 L-9
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised June 9, 1942)

FECES Date 1 Dec 1948 M. C.
GPO 16-16972-1

Form 55 L-9
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised June 9, 1942)

BLOOD (Chemistry) Date _____
GPO 16-16983-1

Form 55 L-9
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised June 9, 1942)

BLOOD (Chemistry) Date _____
GPO 16-16983-1

Form 55 L-8
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised June 9, 1942)
 (Old W.D., M.D. Form No. 55L-8
 9 June 1942)

GASTRIC ANALYSIS Date 29 Nov 1948 M. C.
GPO 16-16974-1

(Old W.D., M. D. Form No. 55L-8
 9 June 1942)
 (Revised June 9, 1942)

URINALYSIS Date _____
GPO 16-16949-3

Form 55 L-8
 MEDICAL DEPARTMENT, U. S. ARMY
 (Revised June 9, 1942)

FECES Date _____
GPO 16-16972-8

WD-AGO Form 8-67
 Date 27 NOV 48 M. C.
 BLOOD 209

48

OPERATION REPORT

Name Hall, Loran Grade Rct. Ward 3

Date 14 Dec., 1948 Age 18

Reg.-No: 17287

Postoperative diagnosis:

Pigmented naevi, upper lip.

Operation: Excision of naevi

Remarks: After preparation of the operative site the areas surrounding the naevi were infiltrated with 1 % procaine. The naevi were excised using longitudinal elliptical incision. The hemorrhage was controlled by pressure and the skin sutured (No 4 silk).

Operation begun 1445 Ended 1510

Operator Capt. Babbitt

Assistants Capt. Henderson

Anesthesia used 1 % Procaine Amount 7 cc.

Anesthetist Operator

Specimens forwarded to laboratory for examination:

Naevi X 2

D. B. Babbitt
D. B. Babbitt, Capt. M. C.
(OVER)

49

HEADQUARTERS
250th MEDICAL STATION HOSPITAL
REGENSBURG MILITARY POST
APO 225 US ARMY

14 Dec 48

(Date)

SUBJECT: Hospital Clearance

TO : *Hall Loran E. Rct.*

1. You are requested to have the following form initialed by those indicated and upon completion, this form will be turned in to the Registrar.

2. Until this form is completed you will not be discharged from this hospital.

	<u>NAME</u>	<u>INITIALS</u>
WARD OFFICER	<i>Capt Witten</i>	<i>S. K.</i>
MESS OFFICER		
LIBRARY	<i>Gilda Prindle</i>	<i>GP</i>
SPECIAL SERVICE	<i>W. Hassel</i>	<i>Capt. W. L.</i>
REGISTRAR	<i>Lacy E. Harris</i>	<i>CO S. C. H.</i>

CLINICAL RECORD
BRIEF

a. HOSPITAL 385th Sta Hospital			1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, LORAN E		
b. WARD S-2	c. RELIGION C	d. REV. ADM. No	2. REGISTER NO. 35714	ARMY SERIAL NO. 17 224 450	4. GRADE Pvt
e. NAME AND ADDRESS OF NEAREST RELATIVE M: Marie Hall 126 1/2 West 6 St. Newton, Kansas			5. ORGANIZATION (Sig. O) SERVICE (if AAF personnel, see below) 97 Const Signal Sqd, APO 154 (b)		
f. DIS. I	INI. I	B/C 	6. AGE 20	7. RACE W	8. LENGTH OF SERVICE 1-8/12
g. ADMITTING OFFICER FB/mf			9. ADMISSION 16 Sept 48		
Direct-Casual proper station 97 Const Sig Sqd, Stuttgart, (b)					

* If AAF, indicate pilot, non-pilot flying personnel, ground personnel or aviation cadet.

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS
 (a) DS: 7713 UNCOM Sig School, Ansbach, Germany, APO 393
 (b) Germany

Wound, contused, back, lumbo-sacral region,
acute, mild.

a.i. at about 1430 hours on 16 September 1948
at the kaserne at Ansbach, Germany, when patient
while on duty was playing in an authorized foot-
ball game when he fell upon another players knee.

PROFILE	SERIAL									
	P	U	L	H	E	S	X	R	D	
LAST (if known)										
PRESENT										
12. LINE OF DUTY yes	13. DISPOSITION AND DATE duty gen.serv.				14. SIGNATURE OF WARD SURGEON <i>Herbert Munhall</i> HERBERT MUNHALL CAPT. MC.					

18 SEP 1948 51

TEMPERATURE—TREATMENT—NURSE'S NOTES

Hall, Loran B.

Rat

Date 1948	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
2 Dec	98	70	18						Treatment & Medications cont.
3 Dec	98	72	18						Still had epigastric distress G.I. series this am.
4 Dec	97	76	18						Medications & treatment cont
				97	72	18	16	00	Daily treatment cont
5 Dec	97	70	18	97	72	18	16	00	Same care & Rx.
									2:30 COMPLAINING OF EPIGASTRIC DISCOMFORT - PAIN GONE BY 2:00 WHEN SEEN BY M.O.D.
6 Dec	97	66	18						G.I. series in a.m. (7 Dec).
				98	76	18	16	00	Medications cont.
7 Dec	97	70	18						G.I. series cancelled Pt. ate breakfast. Med. & routine care cont'd.
8 Dec	97	68	18						Routine care & Meds cont. States he feels about the same.
9 Dec	97	70	18						G.I. series in a.m. Nighting p.o. after midnight.
10 Dec	96	68	18						G.I. series this am To have excision of mole on upper lip on Tues.

ABBREVIATED CLINICAL RECORD

1385th Station Hospital
APO 696, Nurnberg, Germany

Name Halls, Loren Grade Pvt Ward 5

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

Pt. was playing football at approx 1430 this afternoon & jumped back to catch the ball & fell across another player's knee. Wife said to have been unconscious for several hours. Conscious on arriving here.

Complete physical examination is negative except for the following:

marked tenderness over lumbar spine and adjacent muscles.

X-ray shows no fracture
Impression: Acute Sacral Strain

Progress:

Admit to 52

W. H. Blair

17 Sept 48

Asymptomatic

Discharge

Amundall Capt MC

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				DO NOT USE CODE BOXES		
HALL, LORAN E.				A1	A2	A3
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE		B1	B2	B3
35714	17 224 450	Pvt				
5. (Component) AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
97th Const Sig Sqd (a)						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	1-8/12	16 Sept 48			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct-casual proper station, 7718 EUCOM (b)						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
(a) DS: 7718 EUCOM Sig School				H		
(b) Sig School, Ansbach, Germany				I		
Wound, contused, back, lumbo-sacral region, acute, mild.				J		
A.i. at about 1430 hours on 16 Sept 1948, at the Kaserne in Ansbach, Germany, when patient while on duty was playing in an authorized football game when he fell upon another players knee.				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
12. LINE OF DUTY Yes				T		
13. DISPOSITION Duty, general service				U		
14. DATE OF DISPOSITION 18 September 1948				V1		
15. DAYS LOST → TOTAL				V2		
HOSPITAL				W1		
QUARTERS				W2		
2						
2						
16. NAME AND LOCATION OF REPORTING INSTALLATION				W.D. A.G.O.		
365th Signal Hospital				FORM NO. 8-24		
APO 603, Hamburg, Germany				1 July 1944		
17. SIGNATURE						
FRITZ BLUHM, Capt, MSC, registrar						

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 56-16-40864-1 ☆ GPO

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL

HALL, LEONARD E

A1 A2 A3

2. REGISTER No. 3. ARMY SERIAL No. 4. GRADE

17224450 PVT

B1 B2 B3

5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*

ANSBACH SIG SERVO BATT

C1 C2

6. AGE 7. RACE 8. LENGTH OF SERVICE 9. DATE OF ADMISSION

20 W 1 1/2 16 Sept 48

D1 D2 D3

10. SOURCE OF ADMISSION

DIRECT - 1730 hrs

E1 E2 E3

* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet

11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

L0 Duty
 Pt. fell while playing football this afternoon about 1430. Struck his back across another mans knee. Was said to be unconscious. Pt. commission admission. only physical finding is marked tenderness over lumbar spine. (popcorn):
 Back injury, small fracture
 x-ray: no fracture
 injury: jump spinal strain

F

G

H

I

J

K

L

M

N

O

P

Q1 Q2

R

S

T

U

12. LINE OF DUTY

13. DISPOSITION

14. DATE OF DISPOSITION

15. DAYS LOST -> Total HOSPITAL QUARTERS

V1 V2

16. NAME AND LOCATION OF REPORTING INSTALLATION

W1 W2

17. SIGNATURE

W. D. A. G. O. FORM NO. 8-24 1 July 1944

Outpatient

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL			A1	A2	A3	
HALL, LOANAN. E.						
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE	B1	B2	B3	
	AP. 17224450	PVT				
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)*			C1	C2		
310 97 th Const. Sq. 154						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	20 mo.				
10. SOURCE OF ADMISSION			E1	E2	E3	
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet			F			
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS			G			
15 Sept 48			H			
Injured playing football. ? Fractured			I			
lumbar vertebra. Adm. to 385			J			
Co. Hq.			K			
18 Sept 48			L			
By gen ed -			M			
21 Sept 48			N			
Bochache, day. re. APC.			O			
Heat.			P			
22 Sept 48			Q1			Q2
Bochache contusion. re. Heat.			R			
Heat.			S			
23 Sept 48			T			
Dental exam. huds bridge work.			U			
Reg. to Loan. D.C.			V1			V2
12. LINE OF DUTY			W1			W2
13. DISPOSITION						
14. DATE OF DISPOSITION						
15. DAYS LOST - TOTAL			HOSPITAL			QUARTERS
16. NAME AND LOCATION OF REPORTING INSTALLATION						
17. SIGNATURE			255 Med Detachment			
			7713 EUCOM Sig School			
			APO 696 US-Army			

W. D. A. G. O.
FORM NO. 8-24
1 July 1944

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 16-40804-1 ☆ GPO

27 Sept 48

Acorniformis and undulating irregular
pach on both feet. H. zinc as-
ide ornament.

hmm

11 Oct 48

Fine irregular. Cont. zinc oxide
ornament.

hmm

59

OUT-PATIENT INDEX
 REPORTS CONTROL SYMBOL MCS 67

1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, LOUAN E.			
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE	
	17224450	RET	
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) INF. Hq 6 Cav Regt			
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION
18	W	1 8/12	26 NOV 1948
10. SOURCE OF ADMISSION			

26 NOV: Hepatitis. Hosp. 200 Rye
 Final Diag: *Mc Combs*
 Gastroenteritis, acute, med. *Capt Mc*
 C.O. LOD-YES TO DUTY *14 Dec*

22 Jan 49.
 Epilepsy obs for
 Hosp 250th Stal Hosp
 9MAH

31 MAY 49
 Eczema both feet after barasing
 C.O.D. yes Prognosis distant.
 D. G. S
As follows

60 6th Med. Det. ARMD. CAU. REGT. APO305
60

DO NOT USE CODE BOXES						
1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, Loran F.			A1	A2	A3	
2. REGISTER NO. 17 287	3. ARMY SERIAL NO. 17 224 450	4. GRADE Ret	B1	B2	B3	
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)* INF, Hq Trp, 6th Con Rgt			C1	C2		
6. AGE 18	7. RACE W	8. LENGTH OF SERVICE 1 8/12	9. DATE OF ADMISSION 25 Nov 48	D1	D2	D3
10. SOURCE OF ADMISSION Disp 6th Const			E1	E2	E3	
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet			F			
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS			G			
Dg 11 not confirmed; replaced by #2.			H			
2. Gastroenteritis, acute, moderate, cause undetermined.			I			
			J			
			K			
			L			
			M			
			N			
			O			
			P			
			Q1	Q2		
			R			
12. LINE OF DUTY P. T. C.			S			
13. DISPOSITION ... SV			T			
14. DATE OF DISPOSITION ... 48			U			
15. DAYS LOST →			TOTAL	HOSPITAL	QUARTERS	
			18			
16. NAME AND LOCATION OF REPORTING INSTALLATION 250th Med Bn, Camp Regensburg Germany			W1	W2		
17. SIGNATURE <i>Loran F. Hall</i> STRAC... CWO USA REGISTRAR			W. D., A. G. O. FORM NO. 8-24 1 July 1944			
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)						

16-40804-1 ★ GPO

OUTPATIENT				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, LOREN E				A1	A2	A3
2. REGISTER NO.		3. ARMY SERIAL NO. 17 224 450		4. GRADE Rct		B1 B2 B3
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)* Hq Trp 6th Const Sqd				C1	C2	
6. AGE 18	7. RACE W	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
10. SOURCE OF ADMISSION				E1	E2	E3
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS 25 Nov 48 Trf. Diag: Hepatitis, obs for 400 yrs. Admit. w-3 ^{CLJ} e. Jf.				G		
				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
12. LINE OF DUTY				S		
13. DISPOSITION				T		
14. DATE OF DISPOSITION				U		
15. DAYS LOST → TOTAL		HOSPITAL		QUARTERS		
16. NAME AND LOCATION OF REPORTING INSTALLATION 250th Med Sta Hosp, APO 225 Regensburg, Germany				V1	V2	
17. SIGNATURE				W1	W2	
				W.D., A.G.O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-40864-1 ☆ GPO		

REPORTS CONTROL SYMBOL MCS 67

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL, LORAN E.						
2. REGISTER No.	ARMY SERIAL No.	4. GRADE		B1	B2	B3
669	RA 17 224 450	Ret				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
INF. "HQ" TROOP 6th Con Rest						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
18	W	1 8/12	26 Nov 1948			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct						

* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet

11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

Hepatitis, observation for.

12. LINE OF DUTY **yes**

13. DISPOSITION **Trfd to 250th Sta. Corp.**

14. DATE OF DISPOSITION **26 Nov 1948**

15. DAYS LOST → TOTAL HOSPITAL QUARTERS

16. NAME AND LOCATION OF REPORTING INSTALLATION
Disp. oth Con Rest, Strasbina (2 1/2 m-so)

17. SIGNATURE
Morris A. Lambdin
MORRIS A. LAMBDIN CAPT MC

F
G
H
I
J
K
L
M
N
O
P
Q1 Q2
R
S
T
U
V1 V2
W1 W2

W.D., A.G.O.
FORM No. 8-24
1 July 1944

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loran E.			
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE	
	17224450	Rct	
5. ORGANIZATION AND ARM OR SERVICE 6th Con Regt., Hq Hq Sv Tp. / Strenuous			
6. AGE	7. RACE	8. LENGTH OF SERV.	9. DATE OF ADM.
18	W	33/12	1 Dec 48
10. SOURCE OF ADMISSION*			

REGISTER
OF
PATIENTS

*Required only when stencil procedure is used.

11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	12. DATES AND NATURE OF TREATMENTS AND OPERATIONS	13. RESULTS AND REMARKS
Adm R Bdg Def (Fac) Car L-15 0 Plt L-7 Car L-7 PO L-7-15	Exam Bdg rep'd OA TT(ZOE) OA F11 POL	C1. II MWachler C1. II MW C1. II MWachler C1. II MW C1. II MW
	12/1 12/1 12/6 12/7 12/13	
	1948	

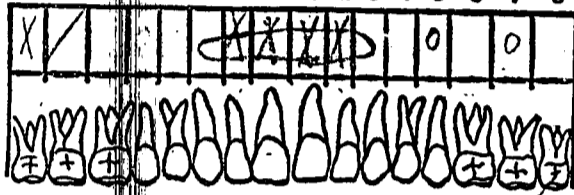
SIGNATURE OF DENTAL OFFICER

16-20022-2 **64**

REPORT OF DENTAL SURVEY

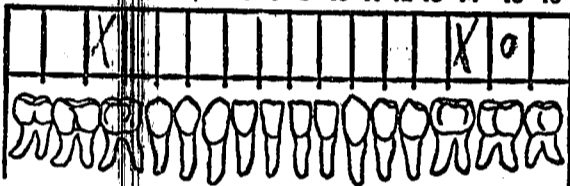
UPPER TEETH*

RIGHT LEFT ✓
8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH*

RIGHT LEFT 0
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS 1

CALCULUS: SLIGHT, MEDIUM, HEAVY

OCCUSION

PERIODONTOCLASIA

DENTAL FOCI SUSPECTED

OTHER CONDITIONS

YES

NO

DATE

1. 12. 55

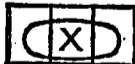
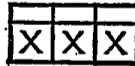
SIGNATURE OF DENTAL OFFICER

(Signature)

* RESTORABLE CARIOUS TEETH BY ○
NONRESTORABLE CARIOUS TEETH BY /
MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE
(Horizontal line)

TEETH REPLACED BY FIXED BRIDGE
(Oval to include abutments)



WD AGO FORM 8-16
15 MAR 1945

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

65 16-20623-2 ☆ GPO

CLINICAL RECORD
BRIEF

a. HOSPITAL 250th Med Sta Hosp			1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loren E			
b. WARD 3	c. RELIGION Prot	d. ENTRY ADM. Dec 48	2. REGISTER NO. 17 660	3. ARMY SERIAL NO. 17 225 550	4. GRADE Pvt	
e. NAME AND ADDRESS OF NEAREST RELATIVE Mother: Mrs Marie 11. S. E. 7th St. Newton, Kansas			5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below) Inf, Hq Co, 6th Armd Cav Regt, APO 305			
f. DIS.	INI.	B/C	g. ADMITTING OFFICER WVK	6. AGE 19	7. RACE W	8. LENGTH OF SERVICE 1-8/12
			9. DATE OF ADMISSION 22 Jan 49, 1100			
			10. SOURCE OF ADMISSION Disp, 6th Armd			

* If AAF, indicate pilot, non-pilot flying personnel, ground personnel or aviation cadet.

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

Transfer: Epilepsy, obs for
Diagnosis confirmed

Transfer diagnosis not confirmed

Observation for middle ear pathology

PROFILE	SERIAL								
	P	V	L	H	E	S	X	R	D
LAST (if known)									
PRESENT									
12. LINE OF DUTY <i>Yes</i>	13. DISPOSITION AND DATE <i>Transfer to 98th Inf 8 Feb 49</i>				14. SIGNATURE OF WARD SURGEON <i>F. H. Verheyden Capt MC</i>				

66 97-72-18

ABBREVIATED CLINICAL RECORD

Name Hall, Loren Grade PVT Ward 3

(This sheet to be used in conjunction with 55A, M. D. in cases where the data hereon will suffice to conform with existing regulations.)

Sat
22 Jan

Pertinent history, chief complaint, and condition on admission.

Patient has been boxing for some time. He "blacked out" while sparring last wed. Later while sitting at the club, he fell once while walking; two episodes yesterday - no pain.

Complete physical examination is negative except for the following:

P. 72 B.P. 138/84

EENT - normal

C-R - normal

H. J. - normal

H. M. - normal

Nervous System - normal

Progress

Imp - no disease

F. H. V.

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS
PERSONAL HISTORY

Name Hall, Loran E. Grade Ret Pvt Ward 3

Chief complaint:

Black out spells and headaches - 4 days

General appearance and condition on admission:

Patient is a robust soldier of about stated age of 19 who appears well and in no distress.

Occupation:

Soldier

Tropical service:

None

Habits (alcohol, tobacco, drugs):

5 or 6 beers per day previously, none in last two months
One package of cigarettes per day

Family history:

Mother and father living and well

No history of serious family diseases

Previous personal history:

Usual childhood diseases
Appendectomy in 1940 without complications

No serious diseases or operations

Injuries:

Hit back of left ear with baseball bat 8 mo. ago, unconscious
2 hrs or so and had amnesia for about one day
Back injury in Feb. '47, no fracture.

Venereal disease:

GC at age 14, was treated with sulfa and had no recurrence.

HISTORY OF THE PRESENT ILLNESS

This is the second admission to this hospital for this soldier in last two months. Previous discharge followed a diagnosis of gastroenteritis. He had been well and was boxing with a team in his outfit and had been for some time. Four days before admission he was sparring with another fellow and had received a blow on the head. It jarred him a bit but he continued to box for a few seconds and then he "blacked out" and fell. He was out just momentarily and then got up and went on to shower and felt OK. Then later he was sitting in the club playing cards and had a similar episode which lasted only momentarily. He had one episode the next day while walking along. Then he had two the day before admission, once while sitting in the club and the other while just sitting around. He has continued to have a rather mild, constant, dull aching generalized headache. He has felt perfectly well otherwise. He states that he wants to get out as quickly as possible since he thinks he is about to make the boxing team which will go to The States to box next spring.

PHYSICAL EXAMINATION

Name Hall, Loran E. Grade Pvt Ward #

Height: Normal weight: Present weight:

Skin:
Clear no rashes or lesions

Head (including special senses, nose, mouth, throat, and pharynx):
No significant abnormalities observed except that bone conduction hearing is reduced or nearly absent on the left

Neck: -
Normal

Thorax:
Normal

Lungs:
Clear to percussion and auscultation

Vascular system (arterial and venous):
Normal

Blood pressure: Systolic 138; diastolic 84

Heart:
Normal

70 (OVER)

PHYSICAL EXAMINATION

Abdomen:

RLQ old scar. No tenderness, no masses

Hernia:

None

Genito-urinary:

Normal externally

Anus and rectum:

Normal externally

Glandular system (lymphatic and endocrine):

Normal

Bones and joints:

Normal

Muscular system:

Normal

Nervous system:

Normal except for hearing defect.

Date 22 Jan, 1949

Signature

Name (typed)

Verheyden

Grade

Capt

16-18816

PROGRESS NOTES

Name Hall, Loren Grade Pvt Ward 3

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

24 Jan. He was hit by a ~~bat~~ bat on his left mastoidial region 7 months ago. - He was unconscious for days. - He vomited. - He had dizziness of rotatory character. He was hospitalized at the Bethel Deacons Hospital Newton, Kansas for 3 weeks. -

Pupils 2 = 4; reacts to light and accommodation good. No nystagmus. - Facialis 2 = 4. - The bone conduction on the left side absent. Reflexes of the extremities normal. - No pathological reflex found.

The temporal margin of the left optic papilla isn't sharp; the vessels aren't enlarged. -

Finger-nose test - left functions not accurate. - No cerebellar ataxia, or ataxia. -

J. H. V.

26 Jan. Patient complains of very mild headaches and some dizziness when he first gets up from sitting or supine position. Skull films to be repeated.

J. H. V.

28 Jan. Patient has had no black out episodes since admission. Headaches and dizziness is very very minimal.

J. H. V.

1 Feb. Patient is asymptomatic now. He fell on slick stairs 2 days ago but has no sequelae. Skull films are to be repeated today.

J. H. V.

3 Feb. Codeine & caffeine for headache have given some relief. He continues to have some dizzy sensations and headaches. Skull films were negative.

J. H. V.

PROGRESS NOTES—Continued

5 Feb. Patient continues about the same with intermittent headaches. Dr Kulsear feels he probably has a meniere's syndrome. He perhaps will be sent to 98th S.H. ^{ear} clinic for consultation.
F.H.V.

7 Feb. It has been decided to transfer patient to 98th S.H. instead of just for consultation. He has not had a nystagmus to make the meniere's syndrome complete nor has he had an infection in the ear and is younger than is the rule but other symptoms are compatible with it.
F.H.V.

TEMPERATURE—TREATMENT—NURSE'S NOTES

Name Hall, Loren Grade PVT Ward 3

Date	A.M.			P.M.			St	Wt	Medication and Nurse's Notes
	T	P	R	T	P	R			
22 Jan 41	97	72	18						Routine care Adm. ambulatory @ 11:30. dx: obs. for epilepsy
23 Jan 41	96	80	20						no complaints To Mrs. Jones X Rays will be taken in a.m. as ordered. Pt. has no special complaints.
24 Jan 41	97	80	20						
25 Jan 41	97	72	18	98	80	15	15	100	
26 Jan 41	97	68	18						Feels about the same
27 Jan 41	97	80	20						
28 Jan 41	96	68	20	98	76	20	16	100	Routine care.
29 Jan 41	96	66	20						Routine care.
				98	72	15	16	100	
30 Jan 41	96	64	18						A.P.C. II for headache - 2:20 - No chief complaints
31 Jan 41	97	60	18	98	64	16			Routine care
1 Feb 41	97	60	20	98	80	30			Routine
2 Feb 41	97	60	18						Routine care.
							13:00		Cod. gr. i Caffeine ^{citrate} gr. ii for chief of headache
				98	80	18	11:00		
							12:45		Cod. gr. i Caffeine citrate gr. iii for headache.
3 Feb 41	96	68	18						Routine - Reg. diet
							1:30		Cod. gr. i Caffeine ^{citrate} gr. iii for headache.
				97	76	18	16:00		
									Cod. gr. i for headache - 2:00
4 Feb 41	97	64	18						Routine care - Mess Hall.
				97	64	18	16:00		A.P.C. II for headache.
									Cod. gr. i + Caffeine citrate gr. iii 2:10 for headache - slept well
5 Feb 41	97	80	20						Routine - Mess Hall - No complaints
				98	76	18	16:00		Asa gr. x for headache - 0900 - 1600
6 Feb 41	96	68	20						Asa gr. x for headache 15:30 hrs.

FORM 55 K-1
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

RADIOLOGIC RECORD

Name Hall, Loren Grade PVT Ward 3

Film No. _____

Name Hall, Loren Rank Pvt Serial No. 17224450 Ward 3 Age 19

Part to be examined Skull... especially left mastoid region

Clinical diagnosis or brief history Ch. for epilepsy. Blow over left mastoid region. C. baseball bat 7 mos. ago

Date 1.7.49 J. H. Verheyden MC

Hospital 250. Station Sp. Film No. 136

Negative skull.

Date 2 Feb 49 253 D.P. Babbitt, Capt. MC

CLINICAL RECORD BRIEF

a. HOSPITAL 98 Gen Hosp APO 407			1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall Loren E			
b. WARD B 1	c. RELIGION P	d. PREV. ADM. NO	2. REGISTER No. 50 012	3. ARMY SERIAL No. RA17 224 450	4. GRADE Pvt	
e. NAME AND ADDRESS OF NEAREST RELATIVE Mario Hall 11 South East 7th St Newton Kans.			5. ORGANIZATION AND ARMOR SERVICE (If AAF personnel see below)* (CAV) 1st Hq & Hq Co 8th Armd Cav Regt APO 305			
f. DIS. D	g. INI.	B/C	6. AGE 19	7. RACE W	8. LENGTH OF SERVICE 8/12 (a)	9. DATE OF ADMISSION 8 Feb 49
g. ADMITTING OFFICER KCMJ			10. SOURCE OF ADMISSION Trfd fr 250th Med Sta Hosp Apo 305			

50012

(M)

Pm I
B6

II. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS
Trfd Dg: Observation for middle ear pathology.

Final Diag

Deafness, presbytic, cause undetermined,

Left, Hearing 17.0 Secial loss average conversational range at 38.0 left.

Specialized treatment - Deafness. General Surgery

LAST (if known)	PROFILE				SERIAL				
	P	U	L	H	E	S	X	R	D
PRESENT									
12. LINE OF DUTY Yes.	13. DISPOSITION AND DATE Partly Feb. 16 1949			14. SIGNATURE OF WARD SURGEON Jul H. Plate					

80

98 Gen Hosp
APO 407

Hall, Loren E.

B 1 P NO

50 012 RA17 224 450 Pvt

(M) Marie Hall
111 South East 7th St
Newton Kans,

(CAV) Inf Hq & Hq Co 6th Armd Cav
Regt-APO 305

1215

19 W 8/12 (a) 8 Feb 49
Trfd fr 250th Med Sta

D KCH Jr

Hosp Apo 305

Trfd Dg: Observation for middle ear pathology.

DATE 14-Feb 1949

DIAGNOSIS SLIP

DATE Recd B-1

PREPARE ALL REPORTS IN DUPLICATE

INSTRUCTIONS: Original of INITIAL REPORT must be hand carried to the Registrar for all Military patients by 1200 hours of the day following admission. File duplicate copy of all reports with clinical record for reference. Diagnosis Slip is not submitted for non-military patients.

A CORRECTED REPORT will be submitted without delay when any diagnosis submitted on any previous report is incorrect. AND A ADDITIONAL REPORT will be submitted without delay when a additional diagnosis becomes established, or when a condition previously reported is cured (in such cases the fact and date of cure will be stated).

TYPE OF REPORT (check one). Initial Corrected Additional
DIAGNOSIS: state briefly but concisely. Diagnosis will be stated if positively determined, or statement "undiagnosed condition manifested by" (complete) will be reported. The "undiagnosed condition", will be used for diagnosis not yet established and a CORRECTED report will be submitted when the "undiagnosed condition" changes to a positive diagnosis. Reports for "MFW" Venereal Diseases will be completed and accompanied by Two copies of the Contact History, ED Form 2-4, (old USFET Form 302.)

Deafness, perceptive, cause undetermined, left.
Hearing 17.0 decibels, less average conversational range at
38.0 left.

98th Gen Hosp Form #45
(Issue to Receiving Office Only)

F. Rolab
SIGNED VART OFFICER

DENTAL EXAMINATION

Name *Hall, Loren* Grade *Priv* Ward *B-1*

Age *19* Color *W* Date *8 Feb*, 19 *49*

Referred for:

- 1. Dental treatment. Routine Emergency
- 2. Elimination of dental foci.
- 3. If special examination for focal infection and report only is desired, check here.
- 4. In hospital for dental treatment only.
- 5. Probable period of hospitalization—weeks.
- 6. Infectious lues?

Medical diagnosis:

Obs middle Ear Pathology

Remarks:

For Clearance
W. H. Roberts
M. C.

Findings:

Date *FEB 8 1949*, 19

NEAL A. HARPER, COL. D. C.

(OVER)

D. C.

92

REPORT OF DENTAL SURVEY*

RIGHT								UPPER TEETH								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
X	o	o	o					(X)	(X)	(X)	(X)												

RIGHT								LOWER TEETH								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								
		X												X									

CLASS IV

Occlusion n

Calculus: Slight Medium _____ Heavy _____

Peridontoclasia None

Dental foci suspected: Yes _____ No

- Other conditions:
- Carious Teeth
 - Teeth missing
 - Gingivitis
 - Stomatitis
 - Appointment given for treatment
 - Treatment started today

Referred to _____

Class IV

Remarks _____

NEAL A. HARPER, COL. D.C.

D. C.

- *Indicate:
- Restorable teeth, carious by
 - Nonrestorable teeth, carious by
 - Missing natural teeth by
 - Teeth replaced by denture (horizontal line)
 - Teeth replaced by fixed bridge (oval to include abutments)

83

PROGRESS NOTES

Name Hall, Loren Grade Pvt Ward B1

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

8-Feb. Transferred from 250th med. Sta.
Wing. i "diag" of observation for middle
ear pathology.

F. Roberts

14-Feb. Final Summary note: —

This 19 yr-old W 8

was transferred from 250th med. Sta. Wing. for
observation of middle ear pathology. He presented,
vaguely, complaints of occasional dizziness, and
ringing, left ear.

During aural examination it was
found that he had a perceptible deafness, left
which had never seemed to bother him in performing
his duty. Also his dizziness and tinnitus

(Use both sides of this sheet)

(over)

PROGRESS NOTES—Continued

have cleared up what he has been in the hospital.

His general condition is good. Other findings, such as caloric vestibular test, have been all neg., so there is no contraindication for discharge and return to general military service.

F. Roberts

OUTPATIENT CONTROL SYMBOL MCS 67 DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL, Loren E						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	17 224 450	Rct				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
Inf, Hq Co, 6th Armd Cav Regt						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
18	W	1-8/12				
10. SOURCE OF ADMISSION				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
22 Jan 49				H		
Transfer. Epilepsy obs for				I		
<i>ward III</i>				J		
<i>LAD - yes.</i>				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
12. LINE OF DUTY				S		
13. DISPOSITION				T		
14. DATE OF DISPOSITION				U		
15. DAYS LOST → TOTAL		HOSPITAL	QUARTERS	V1	V2	
16. NAME AND LOCATION OF REPORTING INSTALLATION				W1		
250th Med Sta Hosp				W2		
17. SIGNATURE				Regensburg, Germany		

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 99 16-4084-2 ☆ GPO

W. D., A. G. O.
FORM NO. 8-24
1 July 1944

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL, Loren E						
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE		B1	B2	B3
17 660	17 224 450	Pvt				
5. ORGANIZATION AND ARM OF SERVICE (if AAF personnel, see below)*				C1	C2	
Cav Inf, H. Co, 6th Armd Regt						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
19	W	1-8/12	22 Jan 49			
10. SOURCE OF ADMISSION				E1	E2	E3
Disp, 6th Armd						

* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet

11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

1. Observation for middle ear pathology.

F

G

H

I

J

K

L

M

N

O

P

Q1

Q2

R

12. LINE OF DUTY

1. Yes

13. DISPOSITION

Trfd to 98th Gen Hosp
Munich, Germany

14. DATE OF DISPOSITION

8 Feb 49

15. DAYS LOST → TOTAL HOSPITAL QUARTERS

17 17

16. NAME AND LOCATION OF REPORTING INSTALLATION

250th Med Sta Hosp Regensburg Germany

17. SIGNATURE

Stacy Harris
STACY HARRIS CWO USA REGISTRAR

W. D. A. G. O.
FORM NO. 8-24
1 July 1944

REPORTS CONTROL SYMBOL MCS 67

DO NOT USE CODE BOXES

1. Last Name, First Name, Middle Initial			A1	A2	A3	
Hall, Loren W.						
2. Register No.	3. Army Serial No.	4. Grade	B1	B2	B3	
62	17221450	Ret				
5. Organization and arm or Service (if AAF personnel, see below)*			C1	C2		
Inf Hq Co 8th Armd Cav (US Con)						
6. Age	7. Race	8. Length of Service	9. Date of Admission	D1	D2	D3
18	W	1 8/12	22 Jan 49			
10. Source of Admission			E1	E2	E3	
Direct						
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet			F			
11. Cause of Admission, Additional Diagnoses, Operations Change of Status			G			
1. Epilepsy Obs For:			H			
			I			
			J			
			K			
			L			
			M			
			N			
			O			
			P			
			O1	O2		
			R			
			S			
			T			
			U			
12. Line of Duty			V1			V2
Yes						
13. Disposition			W1			W2
Trfd to 250th Sta Hosp 22 Jan 49						
14. Date of Disposition			W.D., A.G.O			
15. Days Lost ->						
Total						
Hospital						
Quarters						
16. Name and Location of Reporting Installation						
250th Armd Cav (US Con) Straubing						
17. Signature						
FOR: M. L. LAMBORN (2 1/2 m S)						
A. LAMBORN Capt MC						

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall Loren E				B-1 REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		
	RA17 224 450	Pvt		
5. ORGANIZATION AND ARM OR SERVICE 6 Arm Cav APO 30 5				
6. AGE	7. RACE	8. LENGTH OF SERV.	9. DATE OF ADM.	
19	W	1 10/12	9 Feb 49	
10. SOURCE OF ADMISSION*				
98th GEN. HOSP. APO-407				
*Required only when stencil procedure is used.				
				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC. AMINATION Disch. From Hosp.
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS 1949 Feb 9
				13. RESULTS AND REMARKS II Adm ERN CASE CLOSED
SIGNATURE OF DENTAL OFFICER <i>Neal A. Harper</i> NEAL A. HARPER, COL. D.C.				
16-20622-2				92

REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT					LEFT										
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X					X	X	X	X							

LOWER TEETH*

RIGHT					LEFT										
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
		X												X	

CLASS II

OCCUSION m CALCULUS: SLIGHT, MEDIUM, HEAVY
 PERIODONTOCLASIA None
 DENTAL FOCI/SUSPECTED YES NO
 OTHER CONDITIONS None

DATE
 FEB 9 1949

SIGNATURE OF DENTAL OFFICER
 W. A. HARPER, COL. D. C.

* RESTORABLE CARIOUS TEETH BY O
 NONRESTORABLE CARIOUS TEETH BY /
 MISSING NATURAL TEETH BY X

X	X	X
---	---	---

TEETH REPLACED BY DENTURE
 (Horizontal line)

TEETH REPLACED BY FIXED BRIDGE
 (Oval to include abutments)

(X)

WD AGO FORM 8-116
 15 MAR 1945

This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MID Form 79) which will not be used upon receipt of this revision.

16-20622-2 ☆ GPO

F. LAST NAME, FIRST NAME, MIDDLE INITIAL				DO NOT USE CODE BOXES		
Bell, Tom				A1	A2	A3
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
50 212	224 450	Pvt				
5. ORGANIZATION AND BRANCH OF SERVICE (if AAF personnel, see below)				C1	C2	
(Cav) 1st Lt Col 6th Army Cav						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
27	(b)	(b)	5 Feb 49			
10. SOURCE OF ADMISSION				E1	E2	E3
3rd Reg. fr 250th Med						
3rd Reg. fr 250th Med						
*If AAF, indicate pilot, pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
(a) verified				H		
(b) 2 Previous Active Sv				I		
Deafness, perceptive, cause undetermined, left. Hearing 17.0 decibels loss average conversational range, right - 38.0 left.				J		
				K		
				L		
				M		
				N		
Specialized Treatment - General Surgery.				O		
				P		
				Q1	Q2	
				R		
12. LINE OF DUTY				S		
Yes				T		
13. DISPOSITION				U		
Duty - General Service						
15 February 1949						
14. DATE OF DISPOSITION						
15. DAYS LOST →						
Total		HOSPITAL	QUARTERS			
8		8				
16. NAME AND LOCATION OF REPORTING INSTALLATION				V1	V2	
98th General Hospital, Munich, Germany				W1	W2	
17. SIGNATURE						
B.L. Iseminger, WOJG, USA, Ass't, Registrar						
				W. D. A. G. O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-40804-1 ☆ GPO		

1. LAST NAME, FIRST NAME, MIDDLE INITIAL (V)				A1	A2	A3
Hall, Lorian P.						
2. REGISTER No.		3. ARMY SERIAL No.		4. GRADE		
RA-7		7 224 450		Pvt		
5. ORGANIZATION AND ABBREVIATION OF SERVICE (If AAF personnel, see below)*				C1	C2	
Hq. 7712 EUCOM INTELI. SCHOOL (cadre)						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION			
19	W	2 10/12	17 Oct 49			
10. SOURCE OF ADMISSION				E1	E2	E3
* If AAF, indicate pilot, sub-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
17 Oct 49				H		
Blood T est.....				I		
23 XI. 49 some dripping				J		
leucocytes + epithel +				K		
very few clyptical bacilli				L		
urethritis non-spec.				M		
24 Oct 49 X 10y				N		
dy. urethra				O		
penicillin				P		
3000000 u.				Q1		
28 XI. 49 epithel +				Q2		
leuco + +				R		
very few cocci of diff. spec.				S		
faint and rare				T		
urethritis non-spec.				U		
sulfodiaz.				V1		
Calcium				V2		
2 10y				W1		
dy. urethra				W2		
12. LINE OF DUTY						
13. DISPOSITION						
14. DATE OF DISPOSITION						
15. DAYS LOST ->		HOSPITAL		QUARTERS		
16. NAME AND LOCATION OF REPORTING INSTALLATION						
DISP HQ 7712 EUCOM INT-SCHOOL						
17. SIGNATURE						
				W. D. A. G. O. FORM NO. 8-24 1 July 1944		

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision)

16-40854-2 ★ GPO

WD AGO Form No. 8-34

ABBREVIATED CLINICAL RECORD

Name Hall, Loren, E. Grade Pfc. Ward _____

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

14. 1. 50. 20 years old W.M. was hit on his neck with a casted arm at the M. P. station Garmish in performance of his duty at 20⁰⁰ hrs. today.

Pat. is in a coma on admission here.

Complete physical examination is negative except for the following:

B.P. 150/90 P. 70. Pupils equal, with normal reaction to light. Pat. comes slowly and without access to his senses.

Progress: X ray pictures a.p. + lat. of skull and cervical spine.

Concussion, cerebral, mod.

Contusion, cervical part of spinal cord mod.

Fracture of vertebra C₆ not definitely determined

NAME	GRADE	SERIAL No.	AGE	WARD
Hall, Loren E	Pfc	RA17224450	20	Disp

PART TO BE EXAMINED (OR TREATED)

Back of skull - Cervical Region

CLINICAL DIAGNOSIS (INCLUDE OPERATIONS)

Possible Fracture

HOSPITAL

10th Gen Disp

DATE

14 Jan 50

SIGNATURE

J.

M. C.

Concussion-Cerebral Severity, Mod.
 Contusion, Cervical Spinal Cord with possible
 Fracture C-6

Film No. 9423 Date

WDAGO Form 8-63 1 December 1944.
 This form supersedes W. D., M. D. Form 55K-2, 9 June 1942,
 which may be used until existing stocks are exhausted.

RADIOLOGIC REPORT

16-42737-1 ☆ GPO

PROGRESS NOTES

Name Hall, Loren Grade _____ Ward _____

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

16 Jan. 1950

Pt. received rabbit punch & heavy cast over C4-7 area. Regained consciousness slowly over 3 hour period. X-rays revealed possible fracture thru body of C-6. Pt. complained of numbness in legs and showed generalized hyperreflexia. This cleared well and only residual today is pain on flexion of neck & tenderness over C6 area. No evidence of hematoma at this time. Transfer to Munich for further X-ray check.

D. Knopf
Capt. M.C.

CLINICAL RECORD BRIEF

a. HOSPITAL 98th Gen Hosp APO 407			1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loren E		
b. WARD B-1	c. RELIGION P	d. PREV. ADM. No	2. REGISTER NO. 61 447	3. ARMY SERIAL NO. RA17224 450	4. GRADE Pfc
e. NAME AND ADDRESS OF NEAREST RELATIVE M) Mrs Marie Hall 111 South East 7th St Newton, Kan			5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below) (CMP) 521st MP Sv Plat APO 172		
f. DIS. Inj	g. ADMITTING OFFICER TP/MA	6. AGE 20		7. RACE W	8. LENGTH OF SERVICE 2 9/12(a)
			9. (1950) ADMISSION 16 Jan 50		
10. SOURCE OF ADMISSION Trfd fr 10th Gen Hosp APO 172					

61447

1. Concussion, cerebral
2. Contusion, cervical spinal cord w/possible fracture C-6

11. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS
(a) Verified

1. ~~Concussion~~ Contusion, cerebral, moderate. 8263
2. ~~Wound contusion~~ Concussion of cervical spinal cord mild. 8502

19. 14 Jan 50, 2040 hrs, Hornumish by when pt. was struck in neck by #2

The Treatment: Neurosurgery

PROFILE	SERIAL									
	P	U	L	H	E	S	X	R	D	
LAST (if known)										
PRESENT										
12. LINE OF DUTY <i>AF US</i>	13. DISPOSITION AND DATE <i>Disch. 23 Jan 49 50</i>			14. SIGNATURE OF WARD SURGEON <i>Kelly M. Buhley Capt MC</i>						

WD AGO FORM 8-33 1 APR 1945

U. S. GOVERNMENT PRINTING OFFICE 16-40778-1

Replaces WD AGO Form 8-33, 1 Jul 44 and WD MD Form 55A, 31 May 39, which are obsolete.

29

98th Gen Hosp APO 407 Hall, Loren E

1. Concussion, cerebral **A-1 P No 61 447 RA17224 450 Pfc**

2. Contusion, cervical **M) Mrs Marie Hall (CMP) 521st MP Sv Plat APO 172**
 spinal cord **111 South East 7th St (1200)**
 w/possible **Newton, Kan 20 W 2 9/12(a) 16 Jan 50**
 fracture C-6 **Inj WTR/ma Disp APO 172**
Trfd fr 10th Gen

1. FROM: WARD OFFICER, AND NO. _____
 TO: **(a) Verified** _____

Above patient for discharge to own care _____
 Discharge to Duty _____ **X**
 Transfer: _____
 ANCL: _____

KUBubley
 Ward Officer

2. FROM: REGISTRAR
 TO: Central Clearance

[Signature]
 Registrar

3. Time of departure: **0935**
 Date of departure: **23/1/50**

Loren E. Hall
 Signature of Patient

Hosp Treasurer: **KK**
 Pts Clo Room **232**
 KATHARINE DA WIN
 Library U.S. Army Librarian
 registrar: *[Signature]*

98th Gen Form No 183
 12 Sep 1949

Disposition Slip

Dr. P.

NOTE

M }
4 }
S

Hand: ~~Hand~~ Back. dislocation - 9 months - 1947-8.

MC - 1946

101

	10th Gen Hosp APO 407	Hall, Loren E
1. Contusion, cerebral	A-1 P No	61 447 RA17224 450 P33
2. Contusion, cervical spinal cord w/possible fracture C-6	II) Mrs Marie Hall 111 South East 7th St Worton, Kan	(MSP) 621st MP Sq Flat APO 172 (1200) 20 W 2 9/12(a) 18 Jan 50 Trsd fr 10th Gen Disp APO 172
	Inj	MSP/ma

(a) Verified

a/1 when pnt was hit from behind while in performance of his duty in MP Sta Garmisch Germany at 2040 hrs 14 Jan 50

102

DIAGNOSIS SLIP	1. LAST NAME, FIRST NAME, MIDDLE INITIAL Fall, Loren E			*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED	
	2. REGISTER NO. 61 447	3. ARMY SERIAL No.* PA17 224 450	4. GRADE* Pfc		
	5. ORGANIZATION AND ARM OR SERVICE* (CMP) 521st MP Sv Plat APO 172				
	6. AGE* 20	7. RACE* E	8. LENGTH OF SER.* 2 9/12		9. DATE OF ADMISSION* 16 Jan 50
	10. SOURCE OF ADMISSION* Trfd fr 10th Gen 1sp APO 172				

INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible.

A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured.

11. DATE		12. WARD OFFICER		13. WARD NO.	
14. TYPE OF REPORT (Check one) <input type="checkbox"/> INITIAL <input type="checkbox"/> CORRECTED <input type="checkbox"/> ADDITIONAL			15. TYPE OF PATIENT (Check one) <input type="checkbox"/> STA. HOSP. <input type="checkbox"/> REG. HOSP. <input type="checkbox"/> GEN. HOSP.		
16. SPECIALTY (Check one)					
GENERAL MEDICINE	NEUROSURGERY	TROPICAL DISEASES			
GEN & ORTH SURGERY	CLOSED WARD NP	OPHTHALMOLOGIC SURGERY			
OPEN WARD NP	VASCULAR SURGERY	TRENCH FOOT			
THORACIC SURGERY	TUBERCULOSIS	FEMALE			
PLAST & MAX-FAC SUR	ARTHRITIS	PW OFFICER			
DEAF	NEUROSYPHILIS	PW EM			
BLIND	RHEUMATIC FEVER				
AMPUTEE	NEUROLOGY				
17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY _____ DAYS <input type="checkbox"/> FULL DUTY <input type="checkbox"/> LIMITED DUTY <input type="checkbox"/> RETIREMENT <input type="checkbox"/> CDD TO OWN CARE <input type="checkbox"/> TRANSFER TO VAF <input type="checkbox"/> TRANSFER TO OTHER HOSPITAL					
18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)					
HOSPITAL			DATE OF HOSPITALIZATION		
A.					
B.					
C.					

WD AGO FORM 8-176
1 JUL 1948

16-45374-1

103

DIAGNOSIS SLIP	1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loren E			*REQUIRED ONLY WHEN STENCIL PROCEDURE IS USED	
	2. REGISTER NO. 01 447	3. ARMY SERIAL No.* RA17 224 450	4. GRADE* Pfc		
	5. ORGANIZATION AND ARM OR SERVICE* (CIT) 521st MP Sv Flat APO 172				
	6. AGE 20	7. RACE* W	8. LENGTH OF SER.* 2 9/12		9. DATE OF ADMISSION* 16 Jan 50
	10. SOURCE OF ADMISSION* Trfd fr 10th Gen Hosp APO 172				

INSTRUCTIONS: Original of INITIAL REPORT must be forwarded to Registrar by 1200 of the day following admission. File duplicate copy with clinical record. Answer all items. The information need only be tentative, but should be as correct as possible.

A CORRECTED REPORT will be submitted without delay when any information submitted on the initial report is found to be incorrect, as in a change of diagnosis. AN ADDITIONAL REPORT will be submitted when supplemental information (including additional diagnoses) becomes available or when a condition is cured.

11. DATE	12. WARD OFFICER <i>R. B. Buley</i>	13. WARD NO. 135
----------	--	----------------------------

14. TYPE OF REPORT (Check one)		15. TYPE OF PATIENT (Check one)	
<input type="checkbox"/> INITIAL	<input type="checkbox"/> CORRECTED	<input type="checkbox"/> STA. HOSP.	<input type="checkbox"/> REG. HOSP.
<input type="checkbox"/> ADDITIONAL		<input type="checkbox"/> GEN. HOSP.	

16. SPECIALTY (Check one)		
<input type="checkbox"/> GENERAL MEDICINE	<input checked="" type="checkbox"/> NEUROSURGERY	<input type="checkbox"/> TROPICAL DISEASES
<input type="checkbox"/> GEN & ORTH SURGERY	<input type="checkbox"/> CLOSED WARD NP	<input type="checkbox"/> OPHTHALMOLOGIC SURGERY
<input type="checkbox"/> OPEN WARD NP	<input type="checkbox"/> VASCULAR SURGERY	<input type="checkbox"/> TRENCH FOOT
<input type="checkbox"/> THORACIC SURGERY	<input type="checkbox"/> TUBERCULOSIS	<input type="checkbox"/> FEMALE
<input type="checkbox"/> PLAST & MAX-FAC SUR	<input type="checkbox"/> ARTHRITIS	<input type="checkbox"/> PW OFFICER
<input type="checkbox"/> DEAF	<input type="checkbox"/> NEUROSYPHILIS	<input type="checkbox"/> PW EM
<input type="checkbox"/> BLIND	<input type="checkbox"/> RHEUMATIC FEVER	
<input type="checkbox"/> AMPUTEE	<input type="checkbox"/> NEUROLOGY	

17. PROBABLE DISPOSITION (Check one) IN APPROXIMATELY _____ DAYS			
<input type="checkbox"/> FULL DUTY	<input type="checkbox"/> LIMITED DUTY	<input type="checkbox"/> RETIREMENT	
<input type="checkbox"/> CDD TO OWN CARE	<input type="checkbox"/> TRANSFER TO VAF	<input type="checkbox"/> TRANSFER TO OTHER HOSPITAL	

18. HOSPITAL RECORDS REQUESTED (For probable CDD, record all previous hospitalization in U. S. Do not include records on ward.)

	HOSPITAL	DATE OF HOSPITALIZATION
A.		
B.		
C.		

19. DIAGNOSIS: <i>(If an injury is involved, boxes 21 and 22 must also be completed.)</i>		20. LINE OF DUTY (Check)					
		YES	NO	EPTS	AR 35-1440	AW 107	UND
A. <i>w/c neck</i>							
B.							
C.							
21. INJURY REPORT							
A. DATE AND HOUR OF INJURY							
B. WHERE INCURRED <i>Garmisch</i>							
C. HOW INCURRED <i>H. struck in neck by cast.</i>							
22. IS INVESTIGATING OFFICER REQUIRED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
23. REMARKS (Enter here additional facts not furnished elsewhere on this form; as clothing, pay data, decorations, etc., which may be due the soldier. Be complete.)							

U. S. GOVERNMENT PRINTING OFFICE 16-48374-1
108

PHYSICAL EXAMINATION

Name Hall, Grade _____ Ward _____

Height: _____ Normal weight: _____ Present weight: _____

Skin: Clear

Head (including special senses, nose, mouth, throat, and pharynx):

Normal

Neck: Tenderness over C7 + 6 vert. No muscle spasms

Thorax: No deformity

Lungs: Clear

Vascular system (arterial and venous):

u

Blood pressure: Systolic 110; diastolic 20

Heart: Not enlarged. No M

(OVER)

PHYSICAL EXAMINATION

Abdomen:

Soft

Hernia:

None

Genito-urinary:

N

Anus and rectum:

N

Glandular system (lymphatic and endocrine):

N

Bones and joints:

N

Muscular system:

N

Nervous system:

Hyporeflexia rt. upper arm.
Otherwise negative. Pressure
over cervical vertebrae produces shock
in rt. side of body

Date 18 Jan 1950

Signature W. Beckley Name (typed)

Grade

75.038 MON. 874

CHIEF COMPLAINT—CONDITION ON ADMISSION—PREVIOUS
PERSONAL HISTORY

Name Hall, Loren ~~Joseph, William~~ Grade Pfc ~~Capt~~ Ward B-1

Chief complaint:

General appearance and condition on admission:

Al. is a w. d., well made in no distress.

Occupation: *Qu. I. O.*

Tropical service: *None*

Habits (alcohol, tobacco, drugs):

*Smokes 1 pack/day
Drinks moderately*

Family history:

*M } 1 tw
F }
S } 1 tw*

Previous personal history:

No serious diseases.

In 1947 - Injured back in Army. Hospitalized 9 months for dislocation - then discharged from Army.

S-R: Eos negative

Injuries:

Veneral disease:

MC 1946.

108

HISTORY OF THE PRESENT ILLNESS

At was unconscious 9 hrs. & then
awoke in numbness of right leg
fallen in rock. Hit by cast in
back of neck in Hornsich, 7040 hrs.
14 Jan 1950.

PROGRESS NOTES

Name Wall, Loren E. Grade Pfc Ward B5

(Complications and changes in diagnosis, with date in each case, should be entered on this sheet)

19 Jan 50

X-Ray negative to date. Ht
is much improved to date. Can
move head in all directions &
jaw.

AUB
RUB

20 Jan 50

Asymptomatic - To duty

AUB

FINAL SUMMARY

Pt was injured 14 Jan,
unconscious several hrs,
recovered & ~~paralytic~~ paralytic
~~at~~ right leg. On exam
no neurological changes
X-Ray skull & neck neg.

To duty

Dr. Reilly

Form 55 D
MEDICAL DEPARTMENT, U. S. ARMY
(Revised May 31, 1939)

**INITIAL SUMMARY, WORKING DIAGNOSIS, CONTEMPLATED
LABORATORY TESTS, AND CONSULTATIONS**

Name Wall Grade _____ Ward B1

Transfer diagnosis:

Initial summary:

Working diagnosis or impression:

Contemplated laboratory tests and special examinations:

RADIOLOGIC REPORT

DATE OF REQUEST 19 Jan 50
AGE 20 SEX m.

- (Check one)
 BEDSIDE, WHEEL CHAIR, OR STRETCHER
 BED PATIENT
 AMBULATORY

REQUESTED BY
Hall
K. M. Berkley, Capt

EXAMINATION REQUESTED
AP and lateral Skull
SUMMARY OF PERTINENT CLINICAL HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS
Concussion, cerebral

RADIOGRAPHIC REPORT (Use reverse side for additional space)

No abnormal SKULL findings demonstrated.

FILM NO. 47021

98th General Hospital

(Check one) <input type="checkbox"/> BEDSIDE, WHEEL CHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME <u>Hall, Loren</u>	Pfc	REGISTER NO. <u>61 447</u>	WARD NO. <u>B - 1</u>
	REQUESTED BY <u>Kelly M. Berkley, Capt, MC</u>		DATE OF REQUEST <u>16 January 1950</u>	
EXAMINATION REQUESTED <u>portable: AP and lateral cervical spine</u>		AGE <u>20</u>	SEX <u>male</u>	

SUMMARY OF PERTINENT CLINICAL HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

RADIOGRAPHIC REPORT (Use reverse side for additional space)

No evidence of CERVICAL SPINE fracture or dislocation.

FILM NO. 47021

J.L. Cory, Capt., MC
16 Jan 50
(DATE OF REPORT)
REPORT MADE BY—Initials

10th Gen. Hosp.
8639

ABBREVIATED CLINICAL RECORD

Name Hall, Loren E Grade Cpl Ward 17/45

This sheet to be used in conjunction with WD AGO Form 8-33 (WD MD Form 55A), in cases where the data hereon will suffice to conform with existing regulations.

Pertinent history, chief complaint, and condition on admission.

21. August 1950.

Got kicked on outside of lt. knee playing football this p.m.

Complete physical examination is negative except for the following:

mod. tenderness on lat. side of lt. knee - joint movements free; pain on weight-bearing. X-ray: neg.

Impress: Sprain, lt. knee

Progress:

X-ray: No fracture - has sprain of lateral meniscus. Discharge to duty w/ ace bandage.

D. K. [Signature]

(USE BOTH SIDES OF THIS SHEET)

ABBREVIATED CLINICAL RECORD

Name Hall, Edwin Grade Pfc. Ward _____

(This sheet to be used in conjunction with 55A, M. D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

9 August 1950

20 years old W. M. started an "aching all over" a few days ago. Gen. malaise, headache, loss of appetite.

Complete physical examination is negative except for the following:

- ① Infected cut on IVth finger rt. hand.
- ② Eczema rt. wrist.
- ③ Lymphswelling under rt. arm.
- ④ Tenderness in all muscles.

Progress:

Impr. Myasthenia gravis, generalized. T. 101°

10 Aug: pt. has virus enteritis, M.R.K.
12 Aug: his wife - O.K.

8650

W. D., A. G. O. Form No. 8-34
8 August 1944
(Old W. D., M. D. Form No. 55A-1,
31 December 1942)

ABBREVIATED CLINICAL RECORD

Name Fall Green Grade Pfc. Ward _____

(This sheet to be used in conjunction with 55A, M. D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

28. August 1950

20 years old W.M. got hit on lt. knee on 21. August 1950 and had trouble with it ever since.

Today he treated it in game, cant stand on it.
Complete physical examination is negative except for the following:

Mod. swelling of lt. knee.
Movement restricted, extension to only 130 degrees possible.

Progress:

Impr. Hydrarthrosis lt. knee on account of torn ligament, medial meniscus. A.

24 Aug
Shows marked improvement on heat lamp treatment. Discharge and light duty one week. No Bandage to knee. D.R.K.

OFF PATIENT				DO NOT USE CODE BOXES		
1. NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.						
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE		B1	B2	B3
	RA17224450	Pfc				
5. ORGANIZATION AND ASSIGNMENT OR SERVICE (If AAF personnel, see below)*				C1	C2	
(MP) 521st M.P. Sq. Plt. *						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	3 years	14 Jan 50			
10. SOURCE OF ADMISSION				E1	E2	E3
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
* Garmisch, Germany				H		
Patient was brought into this Dispensary on litter at 2100 hrs 14 Jan 50.				I		
Patient was hit from behind by another soldier while in the performance of his duty in the MP Station (521st MPs) Garmisch Germany at 2040 hrs				J		
Concussion-Cerebral, Severity Mod.				K		
Contusion-Cervical Spinal Cord with possible fracture C-6				L		
24.1.50. was at 98th no fracture				M		
R. taping of neck				N		
with traction, neck				O		
6.7.50. ...				P		
... suggest: prescribe				Q1	Q2	
... D. ...				R		
9.3.50. Dermatomycosis r. hand.				S		
12. LINE OF DUTY				T		
13. DISPOSITION				U		
14. DATE OF DISPOSITION				V1		
15. DAYS LOST → TOTAL				V2		
HOSPITAL				W1		
QUARTERS				W2		
16. NAME AND LOCATION OF REPORTING INSTALLATION						
10th General Dispensary APO 172						
17. SIGNATURE (Garmisch, Germany)						
				W.D.A.G.O. FORM NO. 8-24 1 July 1944		

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 16-40864-1 * GPO

6.7.50

Vaccination

Rx Suspendium

9. Aug. Summer flu

Rx. an. ward

infection 10th finger + hand

21. Aug. Dermatomyces

both feet

7. Oct. 50

low

h.p

5. Oct. minor bruises

lt. leg

8 Oct 50

X-ray left shoulder: neg.

11. Oct

Muscular strain

lt. shoulder

Rx. Slings

Strapping

14 OCT 50 Left Shoulder - Diathermy
with Chloroform Liniment

5. Dec.

mild contusion

rt. foot

Rx. Diathermy

17.12.50

Sprain left biceps - Acute low back

infect. head Cold.

Use Belladonna and use nap every day

① A.P.C. - 1/2 tsp. - Drops - 1/2 tsp. red. W.

DO NOT USE CODE BOXES					
1. LAST NAME, FIRST NAME, MIDDLE INITIAL L. L. LORRINE			A1	A2	A3
2. REGISTER NO. 814	3. ARMY SERIAL NO. A1732450	4. GRADE Pfc	B1	B2	B3
5. ORGANIZATION AND BRANCH ON SERVICE (if AAF personnel, see below) C-12 1st Lt Platoon (172)			C1	C2	
6. AGE 20	7. RACE W	8. LENGTH OF SERVICE 2 9/32	9. DATE OF ADMISSION 14 Jan 50	D1	D2 D3
10. SOURCE OF ADMISSION Discharge			E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet			F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS			G		
1. Concussion, cerebral, moderate			H		
2. Contusion, cervical spinal cord with possible fracture C-6			I		
1 & 2 incurred when patient was hit from behind while in the performance of his duty as MP Station Garrison, Germany at 2040 hours 14 Jan 50.			J		
			K		
			L		
			M		
			N		
			O		
			P		
			Q1		Q2
			R		
12. LINE OF DUTY LD Yes			S		
13. DISPOSITION Trfd 98th General Hospital			T		
14. DATE OF DISPOSITION 16 Jan 50			U		
15. DAYS LOST - FATAL 2		HOSPITAL 2	QUARTERS 2		V1
16. NAME AND LOCATION OF REPORTING INSTALLATION 10th General Dispensary APO 172			V2		
17. SIGNATURE <i>Emilio D. Cantasco</i> EMILIO D. CANTASCO CAPT, U.S.A.			W1		
			W2		
			W.D.A.G.O. FORM NO. 8-24 1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 157 16-40804-1 ☆ GPO					

REGENTS CONTROL SYMBOL MCS 07

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.						
2. REGISTER No.	3. ARMY SERIAL No.	4. GRADE		B1	B2	B3
61 447	RA 17 224 450	Pfc				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
CMP) 521st MP Sv Plat APO 172						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	2 9/12(a)	16 Jan 50			
10. SOURCE OF ADMISSION				E1	E2	E3
Trfd fr 10th Gen Disp APO 172						
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				8581		
1. Contusion, cerebral, moderate.				0010		
2. Concussion of spinal cord.				H		
Dg 1 - 2 AL aprx 2040 hrs, 14 Jan 50, patient was hit in the neck by another EM, while performing duty in the MP Station, Garmisch, Germany.				I		
				8263		
				J		
				7030		
				K		
				L		
				M		
				N		
				3 979		
				O		
Specialized Treatment: Neurosurgery.				P		
				Q1	Q2	
				R		
				S		
				T		
				U		
12. LINE OF DUTY				V1		
1 Yes, 2 Yes				V2		
13. DISPOSITION				W1		
Duty, general service				W2		
14. DATE OF DISPOSITION						
23 Jan 50						
15. DAYS LOST - EQUAL						
7						
HOSPITAL						
7						
QUARTERS						
16. NAME AND LOCATION OF REPORTING INSTALLATION						
98th General Hospital, Munich, Germany						
17. SIGNATURE						
B.L. ISENINGER, WOJG, USA, Ass't Registrar				W. D. A. G. O. FORM NO. 8-24 1 July 1944		

This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.

128 16-40864-2 gpo

REPORT CONTROL SYMBOL MCS 67				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
8611	RA17224450	Pfc				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
(MP) 521st MP Sv Platoon						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	3 3/12	9 Aug 50			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
5704-Gastroenteritis, acute, virus infection, type unknown				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
Total penicillin 600,000 units				S		
12. LINE OF DUTY				T		
ID Yes				U		
13. DISPOSITION				V1		
Duty General Service				V2		
14. DATE OF DISPOSITION				W1		
11 Aug 50				W2		
15. DAYS LOST →				W.D.A.G.O. FORM NO. 8-24		
ESTABL		HOSPITAL	QUARTERS	1 July 1944		
2			2			
16. NAME AND LOCATION OF REPORTING INSTALLATION						
10th General Dispensary APO 172						
17. SIGNATURE						
<i>Enrico D. Carrasco</i>						
ENRICO D. CARRASCO, CAPT, M.C.						


(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)

123
16-40861-2 ★ GPO

REPORT CONTROL SYMBOL MOB 67

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
8639	RA17224450	Pfc				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*				C1	C2	
(MP) 521st MP Sv Platoon						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	3 1/12	21 Aug 50			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
				H		
				I		
8263-Contusion, left knee, incurred while practicing foot-ball, 1600 hrs 20 Aug 50, in Garmisch Germany.				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
12. LINE OF DUTY				T		
LD Yes						
13. DISPOSITION				U		
Duty General Service						
14. DATE OF DISPOSITION				V1		
23 Aug 50				V2		
15. DAYS LOST				W1		
TOTAL		HOSPITAL	QUARTERS	W2		
2			2			
16. NAME AND LOCATION OF REPORTING INSTALLATION				W.D.A.G.O.		
10th General Dispensary APO 172				FORM NO. 8-24		
17. SIGNATURE				1 July 1944		
ENRICO D. CARRASCO, CAPT, M.C.						
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-40804-2 ☆ GPO		

REPORTS CONTROL SYMBOL MOS 67				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
8650	RA17224450	Pfc				
5. ORGANIZATION AND ARM OF SERVICE (if AAF personnel, see below)*				C1	C2	
(CMP) 521st MP Sv Platoon						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
20	W	3 1/12	28 Aug 50			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION. ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
7350-Derangement internal, of left knee, torn ligament medicums. incurred in foot-ball practice 1600 hours 28 Aug 50, in Garmisch Germany				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
12. LINE OF DUTY				S		
ID Yes						
13. DISPOSITION				T		
Duty General Service						
14. DATE OF DISPOSITION				U		
29 Aug 50						
15. DAYS LOST - TOTAL				V1		
				V2		
HOSPITAL				W1		
QUARTERS				W2		
1				1		
16. NAME AND LOCATION OF REPORTING INSTALLATION						
10th General Dispensary APO 172						
17. SIGNATURE				W.D. A.G. O.		
				FORM NO. 8-24		
ENRIQUE D. CARRASCO CAPT, M.C.				1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-40884-2 ☆ GPO		

CLINICAL RECORD BRIEF

a. HOSPITAL 98th Gen Hosp APO 407			LAST NAME, FIRST NAME, MIDDLE INITIAL HALL, LORAN E			
b. WARD C 2	c. RELIGION F	d. PREV. ADM. Gen 51	e. REGISTER NO. 79 226	f. ARMY SERIAL NO. RA17 224 450	g. GRADE Cpl	
h. NAME AND ADDRESS OF NEAREST RELATIVE (M) Marie 111 South East 7th St Newton, Kan			i. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below) (MPC) 521st MP Sv Co APO 172			
j. AGE 21		k. RACE W	l. LENGTH OF SERVICE 4 5/12 (A)		m. DATE OF ADMISSION 20 April 51	
n. DIS. D	o. INJ.	p. B/C	q. SOURCE OF ADMISSION Direct Casual Prop Garmisch, APO 172 (Consultation)			
r. ADMITTING OFFICER J.D. [Signature]						

* If AAF, indicate pilot, non-pilot flying personnel, ground personnel or aviation cadet.

II. FINAL DIAGNOSIS, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

(s) Verified
Arrived 1410
Seen 1615
LP Mar 51
PX Card yes
HALL LORAN E

C-7394477
12-23-59

FINAL DIAGNOSIS: #1 (2440) Eczema, mycotic, hands

SPECIALIZED TREATMENT: General Medicine

Dermatology

COCC: Cured

CO CLAIMS LOCATOR
FOLDER IN 45
RO LINCOLN
DEC 28 1959

(A.M.)
7 8 9 10 11 12 1 2 3 4 5 6

U.S. ARMY
MILITARY ATTACHED
PENDING ATTACHED
AND PERSONNEL
WICHITA, KANSAS
DEC 11 1959
INITIAL

LAST (If EDOWN)	PROFILE			SERIAL						
	P	U	L	H	E	S	X	R	D	
PRESENT										
12. LINE OF DUTY YES	13. DISPOSITION AND DATE DUTY 15 May 1951			14. SIGNATURE OF WARD SURGEON [Signature]						

WD AGO FORM 8-33
1 APR 1945

☆ U.S. GOVERNMENT PRINTING OFFICE 16-40778-1

Replaces WD AGO Form 8-33, 1 Jul 44 and WD MD Form 55A, 31 May 39, which are obsolete.

MAY 15 1951

132

CLINICAL RECORD

HISTORY—Part I

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

CC.: Skin trouble on rt. hand off & on for the past 3 yrs.
 [Referred in to the hospital from the Dermatology Clinic]

HISTORY OF PRESENT ILLNESSES

3 yrs. ago during the summer mos. the pt. noted the appearance of small vesicles on the 5th finger (dorsum) of his rt. hand. These subsequently ruptured and a watery fluid was exuded. The lesions thereupon rapidly spread over the entire rt. hand. Vesiculation was followed by cracking and then desquamation. The pt. treated himself with cold cream and lesions gradually cleared up over the winter mos.

The following summer, 2 yrs. ago, the same sequence of events occurred. He was treated in the Dispensary at Oberammergau with "injections into the skin of the hand" and with "soaks." No improvement. Various salves were applied (? nature). Lesions became secondarily infected and were quite a problem. Pt. did not receive penicillin. Improvement occurred spontaneously in winter. Same story last summer with improvement again this past winter. Present flare up began 4-5 wks. ago with vesicles, cracking & desquamation mainly on dorsum of rt. hand. 2 wks. ago lesions of similar nature appeared on anterior aspect of rt. ankle.

Examination for fungi never carried out. Pt. has taken no internal medications. Sweats a good deal in palms.

(Continue on reverse side)

SIGNATURE OF PHYSICIAN

M. N. Swartz

DATE

20 April 51

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

Hall, Moran

REGISTER NO.

77.226

WARD NO.

12

HISTORY—Part I

Standard Form 504

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

AGL (A) 2-51-70M-1737

133

CLINICAL RECORD

HISTORY—Part 2

PAST HISTORY

INSTRUCTIONS.—Include (1) OCCUPATION (Prewar and postwar), (2) MILITARY HISTORY (Include geographic locations and dates), (3) HABITS (Alcohol, tobacco, and drugs), (4) FAMILY HISTORY, (5) CHILDHOOD ILLNESSES, (6) ADULT ILLNESSES, (7) OPERATIONS, and (8) INJURIES.

(2) In army for 4 yrs, stationed at Ft. Lewis, Ft. Riley, & Ft. Knox.
 Has been in Bavaria for past 2 yrs.

(3) Habits - alcohol - average (mainly week-ends)
 Tobacco - moderate
 Drugs - none

(4) Family History -

Father	39	28W
Mother	39	29W
Sister	18	28W

No known history of allergy, tbc, cancer, hypertension, or skin disease

(5) Childhood illnesses: Only measles & mumps. No R.F. or polio, etc.

(6) Adult illnesses: None

(7) Operations: appendectomy in 1939

(8) Injuries: Back injured in a fall on army maneuvers 4 yrs. ago. Spent 4 mos. in east. in Vets Hosp. in Wichita, Kansas. "Vertebra" slipped. No operation. Pain and inability to bend were the main problems. Complete recovery and no difficulty since. Able to play football etc.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
 Hall, Lorán E.

REGISTER NO.
 73,226

WARD NO.
 02

HISTORY (Parts 2 and 3)
 Standard Form 505

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

HISTORY—Part 3
(SYSTEM REVIEW)

INSTRUCTIONS.—Include (1) GENERAL, (2) HEAD [including (3) EYE, (4) EAR, (5) NOSE and (6) THROAT], (7) NECK, (8) RESPIRATORY, (9) CARDIOVASCULAR, (10) GASTROINTESTINAL, (11) GENITO-URINARY [and (12) GYNECOLOGICAL], (13) HEMOPOIETIC, (14) LYMPHATIC, (15) MUSCULO-SKELETAL and (16) NEURO-PSYCHIATRIC SYSTEMS.

- (1) General Health - Excellent
- (2) Head - Neg.
- (3) Eye - No iritis, scleremata, diplopia etc
- (4) Ear - Neg.
- (5) Nose - Neg.
- (6) Throat - Hyph. sore throats
- (7) Neck - Neg.
- (8) Resp. Tract - Mild chronic colds during winter mos. Has had a "cold" for past 12 mos. Coryza & mild cough, productive of 1 teaspoonful/d of yellow sputum. No hemoptysis or chest pain. No fever or wt. loss.
- (9) Cardiovasc. - No ankle edema, palpitations, dyspnea
- (10) G.I. - No melena, vomiting, abd. pain, or icterus
- (11) G.U. - No U.D. No dysuria, hematuria, pyuria, or colic
- (12) Lymphatic - Neg.
- (13) Musculoskel. - Neg.
- (14) Neurol. - Neg.

SIGNATURE OF PHYSICIAN

DATE

AGL (1) 3-21-62-1783

DOCTOR'S PROGRESS NOTES

(Sign all notes)

DATE

FINAL SUMMARY

12. May. THIS 21 YEAR OLD UN. MALE PT WAS ADMITTED 20. APRIL 57 INTO THIS HOSP. ON REQUEST OF DERMATOL. CLINIC BECAUSE OF MYCOTIC ECZEMA ON BOTH HANDS.

CONDITION WAS PRESENT FOR LAST 3 YEARS WITH CHANGING MANIFESTATIONS ON BOTH HANDS.

AT TIME OF ADMISSION CONDITION CONSISTED OF DESQUAMATIVE CRUSTED, ERODIVE ERUPTIONS ON BOTH HANDS, MAINLY ON DORSAL ASPECT AT BASE OF FINGERS. CONDITION IMPROVED WELL UNDER TREATMENT WITH DOMBURRO'S SOAKS, FUNGICIDAL LOTIONS AND SALICYLIC OINTMENT.

FIN. DG. ECZEMA, MYCOTIC, HANDS.

Code 2440.

Dr. J. [Signature]

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES
(Sign all notes)

DATE

30. April

Hands cleaning up under antimycotic procedures.
Rx: ~~10% Salicylic~~ 10% Salicylic ointment b.i.d. at day.
10% Salicylic ointment for night. Sh

5. May

Condition much improved.
Treat. finished 5 2+4 ointm.

Sh.

12. May

Hand eruptions much
Pt. ready for discharge.

Sh.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Hall, Loran S.

REGISTER NO.
79.226

WARD NO.
GE

DOCTOR'S PROGRESS NOTES
Standard Form 509

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

AGL (1) 2-51-70M-1-703

187

CLINICAL RECORD

NARRATIVE SUMMARY

DATE OF ADMISSION 20 April 51	DATE OF DISCHARGE 14 May 51	NUMBER OF DAYS HOSPITALIZED 24 days
----------------------------------	--------------------------------	--

(Sign and date at end of narrative)

m This 21 y. old white male patient was admitted 20 April 1951 into this hospital on request of dermatol. clinic because of mycotic eczema on both hands.

PHYSICAL EXAMINATION: Condition was present for last 3 years with changing manifestations on both hands. At time of admission condition consisted of desquamative crusted, erosive eruptions on both hands, mainly on dorsal aspect of fingers.

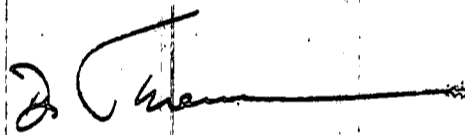
COURSE IN HOSPITAL: Condition improved well under treatment with Emborrorro's soaks, fungicidal lotions and salicylic ointment.

FINAL DIAGNOSIS: Eczema, mycotic, hands.

CODE: 2440

LOD: Yes

DISPOSITION: Duty



JOACHIM THOMSEN
MD

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME		REGISTER NO.	WARD NO.
Hal, Loan		79,226	C2

NARRATIVE SUMMARY
Standard Form 502

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	
20 April 51	14 May 51	24 days	

(Sign and date at end of narrative)

This 21 y. old white male patient was admitted 20 April 1951 into this hospital on request of dermatol. clinic because of mycotic eczema on both hands.

PHYSICAL EXAMINATION: Condition was present for last 3 years with changing manifestations on both hands. At time of admission condition consisted of desquamative crusted, erosive eruptions on both hands, mainly on dorsal aspect at base of fingers.

COURSE IN HOSPITAL: Condition improved well under treatment with Deabrorro's soaks, fungicidal lotions and salicylic ointment.

FINAL DIAGNOSIS: Eczema, mycotic, hands.

CODE: 2440

LGD: Yes

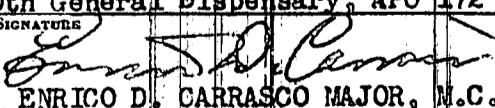
DISPOSITION: Duty

J. Thomsen
 JOACHIM THOMSEN
 MD

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.	
Hill, Loan	79,226	C2	

NARRATIVE SUMMARY
 Standard Form 502

REPORTS CONTROL SYMBOL MCS 87				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
8903	RA17224450	Cpl				
5. ORGANIZATION AND ARMOR SERVICE (If AAF personnel, see below)*				C1	C2	
(MPC) 521st MP Sv Platoon						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
21	W	4 1/12	9 Jan 51			
10. SOURCE OF ADMISSION				E1	E2	E3
Direct						
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
				H		
4121-Pharyngitis, acute, moderate cause undetermined				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
Total penicillin 900,000 units						
12. LINE OF DUTY				S		
LD Yes						
13. DISPOSITION				T		
Duty General Service						
14. DATE OF DISPOSITION				U		
13 Jan 51						
15. DAYS LOST → TOTAL		HOSPITAL	QUARTERS	V1	V2	
4			4			
16. NAME AND LOCATION OF REPORTING INSTALLATION				W1		
10th General Dispensary, APO 172				W2		
17. SIGNATURE				W. D. A. G. O.		
				FORM NO. 8-24		
ENRICO D. CARRASCO MAJOR, M.C.				1 July 1944		
(This form supercedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				16-40804-2 GPO		

REPORTS CONTROL SYMBOL MCS 87				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loren E.				A1	A2	A3
2. REGISTER NO. 195		3. ARMY SERIAL NO. RA17224450		4. GRADE Cpl.		B1 B2 B3
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)* (MPC) 62nd MP Highway Patrol Co.				C1 C2		
6. AGE 21	7. RACE W	8. LENGTH OF SERVICE 4 6/12	9. DATE OF ADMISSION 28 Sep 51	D1	D2	D3
10. SOURCE OF ADMISSION DIRECT				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS 4210 Influenza, virus unidentified. "Specialized Treatment-General Medicine"				G		
				H		
				I		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1		Q2
"CLINICAL RECORD BRIEF (WD AGO FORM 8-33 OR WD MD FORM 83A, REVISED) HAS BEEN PREPARED AND INCLUDES INFORMATION ON THIS MEDICAL REPORT CARD"				R		
12. LINE OF DUTY LD Yes				S		
13. DISPOSITION Duty General Service				T		
14. DATE OF DISPOSITION 30 Sep 51				U		
15. DAYS LOST - Total				HOSPITAL		QUARTERS
2				2		2
16. NAME AND LOCATION OF REPORTING INSTALLATION DET "C" 7779 MEDICAL DET., APO 172				V1 V2		
17. SIGNATURE <i>Enrico D. Carrasco</i> ENRICO D. CARRASCO, MAJOR U.S.A.				W1 W2		
(This form superseded W. D. M. D. Form No. 53, which will not be used after receipt of this revision.)				W. D. A. G. O. FORM NO. 8-24 1 July 1944		

101

REPORTS CONTROL SYMBOL MCS.67

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Lorán E			A1	A2	A3
2. REGISTER NO. 79 226	3. ARMY SERIAL NO. RA 17 224 450	4. GRADE Cpl	B1	B2	B3
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)* MPC) 521st MP Sv Co APO 172			C1	C2	
6. AGE 21	7. RACE W	8. LENGTH OF SERVICE 4 3/12 (a)	9. DATE OF ADMISSION 20 Apr 51	D1	D2 D3
10. SOURCE OF ADMISSION Sta Garmisch Mil Post			Direct - Casual Prop	E1	E2 E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet			F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS (a) verified Eczema, mycotic, hands. (2440).			G		
			H		
			I		
			J		
			K		
			L		
			M		
			N		
			O		
			P		
			Q1	Q2	
			R		
			S		
12. LINE OF DUTY Yes			T		
13. DISPOSITION Duty, general service			U		
14. DATE OF DISPOSITION 15 May 51					
15. DAYS LOST → TOTAL			HOSPITAL	QUARTERS	
25			25		
16. NAME AND LOCATION OF REPORTING INSTALLATION 98th General Hospital, Munich, Germany			V1	V2	
17. SIGNATURE W. A. HAENDIGES, Capt, MSC, Registrar			W1	W2	

CLINICAL RECORD BRIEF (WD AGO FORM 8-33 OR WD MD FORM 55A, REVISED) HAS BEEN PREPARED AND INCLUDES INFORMATION ON THIS MEDICAL REPORT CARD

Specialized Treatment: Dermatology.

W. D. A. G. O.
FORM NO. 8-24
1 July 1944

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) AGL (1) 3-51- 300M-18999

192

REPORTS CONTROL SYMBOL MCS 67

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL			A1	A2	A3	
Hell, Loren E						
2. REGISTRY NO.	3. ARMY SERIAL NO.	4. GRADE	B1	B2	B3	
	RA17224450	Cpl				
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)*			C1	C2		
(MPC) 521st MP Sv PLT.*						
6. AGE	7. HEIGHT	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
21	W	4 6/12	11 Jun 51			
10. SOURCE OF REPORT			E1	E2	E3	
* If AAF, indicate pilot, non-pilot flying type, ground crew, or avn. cadet			F			
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSIS, OPERATIONS, CHANGE OF STATUS			G			
Garmisch, Germany			H			
<i>rupt stomach and diarrhea.</i>			I			
			J			
			K			
25.6.51. Pathology for chronic back-pain			L			
6 July 51. going to 98th g. x. for consultation for chronic recurrent rheumatoid at hand			M			
			N			
			O			
			P			
17.7.51. chronic rheuma			Q1	Q2		
<i>Pathology</i>			R			
<i>probable rheumatoid character</i>			S			
12. LINE OF DUTY			T			
13. DISPOSITION			U			
14. DATE OF DISPOSITION			V1			V2
15. DAYS LOST			W1			W2
TOTAL						
HOSPITAL						
QUARTERS						
16. NAME AND LOCATION OF REPORTING INSTALLATION			17. SIGNATURE			
Det C 7779 Med Det APO 172						

W. D. A. G. O. FORM NO. 8-24 1 July 1944

(This form supersedes W. D. M. D. Form No. 62, which will not be used after receipt of this revision.)

143

27. 9.57. Common cold F.H.
28. 9.57. Influenza, acute
d/

164

CIVIL PATIENT CLINIC
REPORTS CONTROL SYMBOL MCS 87

DO NOT USE CODE BOXES

1. LAST NAME				A1	A2	A3
Hall, Loren E.						
2. REGISTER No.		3. ARMY SERIAL No.		B1	B2	B3
		RA17224450				
4. GRADE				C1		C2
Cpl						
5. ORGANIZATION AND ARM OR SERVICE (If AAF personnel, see below)*						
(MPC) 521st MP Sv Plt.*						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
21	W	4 1/2	30 Jan 51			
10. SOURCE OF ADMISSION				E1	E2	E3
*If AAF, indicate pilot, nonpilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
*APO 172 2 2 17				H		
X-ray left knee				I		
Wid. from leg. Casaco. freeds				J		
walking - etc.				K		
17.3 1/2				L		
C. J. yr.				M		
N				N		
30.3.51				O		
minor cyp on no				P		
R. In...				Q1		
5.4.51. clean. successful				Q2		
desmately s.d. hand.				R		
R. consultation at				S		
98th G. H.				T		
12. LINE OF DUTY				U		
(over)				V1		
13. DISPOSITION				V2		
14. DATE OF DISPOSITION				W1		
15. DAYS LOST - TOTAL		HOSPITAL	QUARTERS	W2		
16. NAME AND LOCATION OF REPORTING INSTALLATION						
10TH GEN DISP APO 172						
17. SIGNATURE						

W. D. A. G. O.
FORM NO. 8-24
1 July 1944

(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.) 16-49884-2 GPO

14. 4. 57. Frangas gorda. 5:15
water & dressing on
st. head. 7:7c.

166

OUT PATIENT CLINIC

REPORTS CONTROL SYMBOL MOS 67 DO NOT USE CODE BOXES

1. NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
Hall, Loren E.						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	PA 17224450	CPL				
5. ORGANIZATION AND NAME OF SERVICE (if AAF personnel, see below)*				C1	C2	
(MPC) 521st MP Sv Plt*						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
21	W	4 1/12	9 Jan 51			
10. SOURCE OF ADMISSION				E1	E2	E3

* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet

11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSIS, OPERATIONS, CHANGE OF STATUS

* Garrison, Germany.
 Camp 100.6 - Pulce-98.
 +121- Pharyngitis and
 upper respiratory C.U.
 infection. (H)
 R. on ward.
 W. 1.51. (gastro), m.w., with
 6. 1. yr. L.P.
 87 1.51. spr. left ankle
 + reg. leg L.P.
 15th Gen. Disp
 22 Jan
 25 Jan
 spr. left ankle
 SPRAIN - lost for 2 wks. (over)

12. LINE OF DUTY				F		
				C		
				H		
				J		
				K		
				L		
				M		
				N		
				O		
				P		
				Q1	Q2	
				R		
				S		
				T		
				U		
14. DATE OF DISPOSITION				V1	V2	
15. DATE LOST → TOTAL				W1	W2	
16. NAME AND LOCATION OF REPORTING INSTALLATION						
10th GEN. DISP APO 172						
17. SIGNATURE						

W. D. A. G. O.
 FORM NO. 8-24
 1 July 1944

(This form supersedes W. D. M. D. Form No. 52, AGL (1) 8-50-250M-12750 which will not be used after receipt of this revision.)

167

30 Jan 57 consultation for
trouble with his Lt. knee.
Sprain of medial ligament,
7 months recurrence.
R. L. Anthony
Get braces for further foot
ball activities. (H.)

168

7779 Medical Detachment, C

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall Loran E				REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL No.	4. GRADE		
	RA17224450	Cpl		
5. ORGANIZATION AND ARM OR SERVICE 521st MP GMP				
6. AGE	7. RACE	8. LENGTH OF SERV.	9. DATE OF ADM.	
20	W	3 yrs	14 June 1951	
10. SOURCE OF ADMISSION?				
*Required only when stencil procedure is used.				
				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
				Adm R Facing Loose
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS
				1951 Exam. Facing Rec. Sept 27
				13. RESULTS AND REMARKS
				RZ RZ
SIGNATURE OF DENTAL OFFICER. <i>[Signature]</i> 1st Lt Dental Corps 169				

REPORT OF DENTAL SURVEY

UPPER TEETH*

RIGHT LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

LOWER TEETH*

RIGHT LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

CLASS *II*

OCCLUSION *12*

PERIODONTOCLASIA

DENTAL FOCI SUSPECTED YES NO

OTHER CONDITIONS

3-2 facing loose

DATE

SIGNATURE OF DENTAL OFFICER *Walter W. Jacobs*

* RESTORABLE CARIOUS TEETH BY *O*

NONRESTORABLE CARIOUS TEETH BY *I*

MISSING NATURAL TEETH BY *X*

TEETH REPLACED BY DENTURE
(Horizontal line)

TEETH REPLACED BY FIXED BRIDGE
(Oval to include abutments)

98th Gen Hosp. Munich Germany
 OUT PATIENT DEPARTMENT

Last Name		First	MI
Fall, Laver		E	
Rank	Orgn		
Cpl	1st Sv Co AIG 172		
Race	Age	Sv	ASN or AGO
W	41	S	12 RA-17224450
Dependent of _____			

6 Apr 51 Derm

*Chronic scaly
 eczematoid dermatitis
 of hand & foot
 Dry, unknown
 Rx 1/4 Coal tar in
 Lanolin's paste*

13 Apr 51 R. D. C. Swann
 Derm

*Lesions are dry and cracking open
 today.
 Dx: suggests recurrent resistant
 vesicular dermatitis of hands.
 Rx: Boric acid 4.0
 Tetratum 36.0
 Return in 1 wk. for microscopic
 exam of scales
 20 April. Mycotic culture hands, with improved
 R. admission into hospital.
 W. Swann
 Dr. Swann*

CLINICAL RECORD BRIEF

HALL LORAN E USAH CP CHAFFEE ARK				HALL LORAN E			
D-5		B		No		16406 RA 17 224 450 Cpl	
Mrs Loran E Hall (W) 3011 Redwood Parsons Kan				505th MP			
22		W		5 yr		10 July 52	
D		HCR/cm		Direct		1025	

1946
77f

(3531) Epilepsy, grand mal.

SPECIALIZED TREATMENT NEUROLOGY

LAST PROFILE SERIAL (IF KNOWN)	PRESENT PROFILE SERIAL	LINE OF DUTY	SIGNATURE OF WARD SURGEON
		NO EPTE	<i>[Signature]</i>

NO MD FORM 65A (REVISED) 1 FEBRUARY 1945 (WHEN AVAILABLE, USE THIS FORM) REPLACE WDA AGO FORM 8-33

172

10425

CLINICAL RECORD

CONSULTATION SHEET

TO: *ENT* FROM: *D-5* (Requesting ward, unit, or activity) DATE OF REQUEST: *15 July 52*
REASON FOR REQUEST (Complaints and findings)

Rain in R. ear

PROVISIONAL DIAGNOSIS

Epi 238, 2nd mal

DOCTOR'S SIGNATURE: *[Signature]* APPROVED: PLACE OF CONSULTATION: BEDSIDE ON CALL ROUTINE: EMERGENCY:

CONSULTATION REPORT

*Subacute flare up of all external otitis, it
Drum OK. Moderate hearing and tinnitus in left, 5
current activity. Tympanic also pale and red; not visible.
See paper attached*

Information Section, P. I. Branch

(Continued on reverse side)

SIGNATURE AND TITLE: *[Signature]* DATE: *[Date]* IDENTIFICATION NO. ORGANIZATION
PATIENT'S LAST NAME-FIRST NAME-MIDDLE NAME REGISTER NO. 16486 WARD NO. 125

U.S.A.H. CAMP CHAFFEE, ARK. CONSULTATION SHEET Standard Form 518

HALL
 Loran 2

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Surgical Clinic FROM: (Requesting ward, unit, or activity) N. P. Section DATE OF REQUEST 15 July '52
 REASON FOR REQUEST (Complaints and findings)

Follow up

PROVISIONAL DIAGNOSIS

Epilepsy, Grand mal

DOCTOR'S SIGNATURE H. Regan (D.D.) APPROVED PLACE OF CONSULTATION BEDSIDE ON CALL ROUTINE EMERGENCY

CONSULTATION REPORT

15 July 52

There is a well healed scar over the thenar aspect of the right hand. There are two small nodules located over this area, one is somewhat painful but inferior. A small incision was made and the suture was removed. It appeared to be a 000 chromic catgut suture. In the other area no suture was found. The areas were cleaned with merthiolate and dressed. Pt. discharged from the clinic.

S A M SHASHY, 1st Lt, MC

Added in Enlisted Pers.
 Information Section, P. I. Branch

(Continued on reverse side)

SIGNATURE AND TITLE _____ DATE _____ IDENTIFICATION NO. 177 4450 ORGANIZATION _____
 PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME Hall, Karen E. REGISTER NO. 16406 WARD NO. N-5

U.S.A.H. Camp Chalkester Park
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CONSULTATION SHEET
 Standard Form 513

174

REPORT OF MEDICAL HISTORY

THIS INFORMATION IS FOR OFFICIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS

1. LAST NAME—FIRST NAME—MIDDLE NAME Hall Logan Eugene		2. GRADE AND COMPONENT OR POSITION Cpl.		3. IDENTIFICATION NO. RA-1722443	
4. HOME ADDRESS (Number, street or RFD, city or town, zone and State) 3011 Redwood Parsons, Kansas		5. PURPOSE OF EXAMINATION Seperation		6. DATE OF EXAMINATION 17/7/52	
7. SEX M	8. RACE W	9. TOTAL YRS. GOVT. SERVICE MILITARY 5 yrs. CIVILIAN	10. DEPARTMENT, AGENCY OR SERVICE Army	11. ORGANIZATION UNIT 505th M.P. Co.	
12. DATE OF BIRTH Jan 30	13. PLACE OF BIRTH Newton, Kans.	14. NAME, RELATIONSHIP AND ADDRESS OF NEXT OF KIN Wife, 3011 Redwood Parsons, Kansas			
15. EXAMINING FACILITY OR EXAMINER AND ADDRESS U.S.A. Co. Chaffee, Ark.		16. OTHER INFORMATION None			
17. STATEMENT OF EXAMINEE'S PRESENT HEALTH IN OWN WORDS. (Follow by description of past history, if complaint exists) Good					

18. FAMILY HISTORY					19. HAS ANY BLOOD RELATION (Parent, brother, sister, other) OR HUSBAND OR WIFE:				
RELATION	AGE	STATE OF HEALTH	IF DEAD, CAUSE OF DEATH	AGE AT DEATH	YES	NO	(Check each item)	RELATION(S)	
FATHER	42	Good				X	HAD TUBERCULOSIS		
MOTHER	41	Good				X	HAD SYPHILIS		
SPOUSE	21	Excellent				X	HAD DIABETES		
SISTER	19	Good			X		HAD CANCER	FATHER	
BROTHERS AND SISTERS					X		HAD KIDNEY TROUBLE	SISTER	
					X		HAD HEART TROUBLE	MOTHER	
					X		HAD STOMACH TROUBLE	MOTHER	
CHILDREN					X	X	HAD RHEUMATISM (Arthritis)		
						X	HAD ASTHMA, RAY FEVER, HIVES	Sister + Mom	
						X	HAD EPILEPSY (Fits)		
						X	COMMITTED SUICIDE		
						X	BEEN INSANE		

20. HAVE YOU EVER HAD OR HAVE YOU NOW (Place check at left of each item)											
YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)	YES	NO	(Check each item)
X		SCARLET FEVER, ERYSIPELAS	X		SCITHER	X		TUMOR, GROWTH, MET. CANCER	X		"TRICK" OR LOCKED KNEE
X		DIPHTHERIA	X		TUBERCULOSIS	X		RUPTURE	X		FOOT TROUBLE
X		RHEUMATIC FEVER	X		SOAKING SWEATS (Night sweats)	X		APPENDICITIS	X		NEURITIS
X		SWOLLEN OR PAINFUL JOINTS	X		ASTHMA	X		PILES OR RECTAL DISEASE	X		PARALYSIS (Inc. infantile)
X		MUMPS	X		SHORTNESS OF BREATH	X		FREQUENT OR PAINFUL URINATION	X		EPILEPSY OR FITS
X		WHOOPING COUGH	X		PAIN OR PRESSURE IN CHEST	X		KIDNEY STONE OR BLOOD IN URINE	X		CAR, TRAIN, SEA, OR AIR SICKNESS
X		FREQUENT OR SEVERE HEADACHE	X		CHRONIC COUGH	X		SUGAR OR ALBUMIN IN URINE	X		FREQUENT TROUBLE SLEEPING
X		DIZZINESS OR FAINTING SPELLS	X		PALPITATION OR POUNDING HEART	X		BOILS	X		FREQUENT OR TERRIFYING NIGHTMARES
X		EYE TROUBLE	X		HIGH OR LOW BLOOD PRESSURE	X		VENEREAL DISEASE	X		DEPRESSION OR EXCESSIVE WORRY
X		EAR, NOSE OR THROAT TROUBLE	X		CRAMPS IN YOUR LEGS	X		RECENT GAIN OR LOSS OF WEIGHT	X		LOSS OF MEMORY OR AMNESIA
X		RUNNING EARS	X		FREQUENT INDIGESTION	X		ARTHRITIS OR RHEUMATISM	X		BED WETTING
X		CHRONIC OR FREQUENT COLDS	X		STOMACH, LIVER OR INTESTINAL TROUBLE	X		BONE, JOINT, OR OTHER DEFORMITY	X		NERVOUS TROUBLE OF ANY SORT
X		SEVERE TOOTH OR GUM TROUBLE	X		GALL BLADDER TROUBLE OR GALL STONES	X		LAMENESS	X		ANY DRUG OR NARCOTIC HABIT
X		SINUSITIS	X		JAUNDICE	X		LOSS OF ARM, LEG, FINGER, OR TOE	X		EXCESSIVE DRINKING HABIT
X		HAY FEVER	X		ANY REACTION TO SERUM, DRUG OR MEDICINE	X		PAINFUL OR "TRICK" SHOULDER OR ELBOW	X		HOMOSEXUAL TENDENCIES

21. HAVE YOU EVER (Check each item)			22. FEMALES ONLY: A. HAVE YOU EVER—			B. COMPLETE THE FOLLOWING:					
X		WORN GLASSES	X		ATTEMPTED SUICIDE			BEEN PREGNANT		AGE AT ONSET OF MENSTRUATION	
X		WORN AN ARTIFICIAL EYE	X		BEEN A SLEEP WALKER			HAD A VAGINAL DISCHARGE		INTERVAL BETWEEN PERIODS	
X		WORN HEARING AIDS	X		LIVED WITH ANY ONE WHO HAD TUBERCULOSIS			BEEN TREATED FOR A FEMALE DISORDER		DURATION OF PERIODS	
X		STUTTERED OR STAMMERED	X		COUGHED UP BLOOD			HAD PAINFUL MENSTRUATION		DATE OF LAST PERIOD	
X		WORN A BRACE OR BACK SUPPORT	X		BLED EXCESSIVELY AFTER INJURY OR TOOTH EXTRACTION			HAD IRREGULAR MENSTRUATION		QUANTITY: <input type="checkbox"/> NORMAL <input type="checkbox"/> EXCESSIVE <input type="checkbox"/> SCANTY	
23. HOW MANY JOBS HAVE YOU HAD IN THE PAST THREE YEARS? 1			24. WHAT IS THE LONGEST PERIOD YOU HELD ANY OF THESE JOBS? 36 MONTHS			25. WHAT IS YOUR USUAL OCCUPATION? MP			26. ARE YOU (Check one) <input checked="" type="checkbox"/> RIGHT HANDED <input type="checkbox"/> LEFT HANDED		

175

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED "YES" MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT
X		27. HAVE YOU BEEN UNABLE TO HOLD A JOB BECAUSE OF: A. SENSITIVITY TO CHEMICALS, DUST, SUNLIGHT, ETC.
X		B. INABILITY TO PERFORM CERTAIN MOTIONS
X		C. INABILITY TO ASSUME CERTAIN POSITIONS
X		D. OTHER MEDICAL REASONS (If yes, give reason)
X		28. HAVE YOU EVER WORKED WITH RADIOACTIVE SUBSTANCE?
X		29. DID YOU HAVE DIFFICULTY WITH SCHOOL STUDIES OR TEACHERS? (If yes, give details)
X		30. HAVE YOU EVER BEEN REFUSED EMPLOYMENT BECAUSE OF YOUR HEALTH? (If yes, state reason and give details)
X		31. HAVE YOU EVER BEEN DENIED LIFE INSURANCE? (If yes, state reason and give details)
X		32. HAVE YOU HAD, OR HAVE YOU BEEN ADVISED TO HAVE, ANY OPERATIONS? (If yes, describe and give age at which occurred)
X		33. HAVE YOU EVER BEEN A PATIENT (committed or voluntary) IN A MENTAL HOSPITAL OR SANATORIUM? (If yes, specify when, where, why, and name of doctor, and complete address of hospital or clinic)
X		34. HAVE YOU EVER HAD ANY ILLNESS OR INJURY OTHER THAN THOSE ALREADY NOTED? (If yes, specify when, where, and give details)
X		35. HAVE YOU CONSULTED OR BEEN TREATED BY CLINICS, PHYSICIANS, HEALERS, OR OTHER PRACTITIONERS WITHIN THE PAST 5 YEARS? (If yes, give complete address of doctor, hospital, clinic, and details)
X		36. HAVE YOU TREATED YOURSELF FOR ILLNESSES OTHER THAN MINOR COLDS? (If yes, which illnesses)
X		37. HAVE YOU EVER BEEN REJECTED FOR MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date and reason for rejection)
X		38. HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE BECAUSE OF PHYSICAL, MENTAL, OR OTHER REASONS? (If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability)
X		39. HAVE YOU EVER RECEIVED, IS THERE PENDING, HAVE YOU APPLIED FOR, OR DO YOU INTEND TO APPLY FOR PENSION OR COMPENSATION FOR EXISTING DISABILITY? (If yes, specify what kind, granted by whom, and what amount, when, why)

Appetite my age 11
 Dr. Louse Newton, Kans.
 Dr. Brazil Newton, Kans.
 Vets. Hospital Wichita, Kans.
 for same illness I have now
 April 17 1947, same as what's
 wrong with me now, Menard, Mo.

RECEIVED
 WICHITA, KANSAS
 AUG 12 1952

I CERTIFY THAT I HAVE REVIEWED THE FOREGOING INFORMATION SUPPLIED BY ME AND THAT IT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE ANY OF THE DOCTORS, HOSPITALS, OR CLINICS MENTIONED ABOVE TO FURNISH THE GOVERNMENT A COMPLETE TRANSCRIPT OF MY MEDICAL RECORD FOR PURPOSES OF PROCESSING MY APPLICATION FOR THIS EMPLOYMENT OR SERVICE.

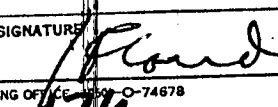
TYPED OR PRINTED NAME OF EXAMINEE
 Hall Loren E

SIGNATURE


PHYSICIAN'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA (Physician must comment on all positive answers in items 20 thru 39)

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER
 J. F. Gendron, Capt. MC

DATE
 18 July 52

SIGNATURE


NUMBER OF ATTACHED SHEETS

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 70 3/4	52. WEIGHT 179	53. COLOR HAIR Black	54. COLOR EYES Brown	55. BUILD: SLENDER <input type="checkbox"/> MEDIUM HEAVY <input checked="" type="checkbox"/> OBESE <input type="checkbox"/>	56. TEMP. 98.4
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
SITTING SYS. 128 DIAS. 70	RECUM-BENT SYS. 128 DIAS. 70	STANDING (3 min.) SYS. 128 DIAS. 70	AFTER EXERCISE SYS. 102 DIAS. 74	2 MIN. AFTER	AFTER STANDING 3 MIN.
59. DISTANT VISION			60. REFRACTION		
RIGHT 20/	CORR. TO 20/	BY	S.	CX	61. NEAR VISION
LEFT 20/	CORR. TO 20/	BY	S.	CX	CORR. TO BY
62. METROPHORIA (Specify distance)		ES°	EX°	R. H.	L. H.
63. ACCOMMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)	
RIGHT	LEFT	Wool Normal		UNCORRECTED	
66. FIELD OF VISION		67. NIGHT VISION (Test used and score)		68. RED LENS	
69. INTRAOCULAR TENSION		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)			
70. HEARING		71. AUDIOMETER			
RIGHT WY	15/15 SV 15/15	250	500	1000	2000
LEFT WY	15/15 SV 15/15	250	500	1000	2000

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

Appendectomy 1940.
Multiple complaints, BP and chest—see diagnosis.
Left shoulder and left knee injury, occasional pain, not disqualifying.
Mild URI with headaches, otitis and sinusitis.

AUG 8 12 27 PM 1952
 ADMIRALTY MEDICAL DIVISION
 WASHINGTON, D. C. 20340

(Use additional sheets of plain paper if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

Item 76, S-4: See Item 41.

75. RECOMMENDATIONS—FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

See attached Consultation.

EXAMINEE (Check)
 IS QUALIFIED FOR
 IS NOT QUALIFIED FOR **Separation**
 IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER
None

76. PHYSICAL PROFILE

P	U	L	H	E	S
1	1	1	1	1	4
PHYSICAL CATEGORY					
mlr					
A	B	C	E		
				X	

77. TYPED OR PRINTED NAME OF PHYSICIAN

J. F. Gordon, Capt. MC

SIGNATURE

SIGNATURE

78. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

SIGNATURE

79. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY

SIGNATURE

NUMBER OF ATTACHED SHEETS

177

20 April 51

14 May 51

24 days

This 21 y. old white male patient was admitted 20 April 1951 into this hospital on request of dermatol. clinic because of mycotic eczema on both hands.

PHYSICAL EXAMINATION: Condition was present for last 3 years with changing manifestations on both hands. At time of admission condition consisted of vesicular crusted, erosive eruptions on both hands, mainly on dorsal aspect at base of fingers.

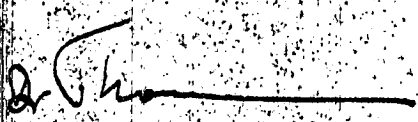
COURSE IN HOSPITAL: Condition improved well under treatment with Ambroff's soaps, fungicidal lotions and salicylic ointment.

FINAL DIAGNOSIS: Eczema, mycotic, hands.

CODE: 2440

LOD: Yes

DISPOSITION: Duty


JOACHIM THOMSEN
MD

CLINICAL RECORD

PHYSICAL EXAMINATION

DATE OF EXAM.	HEIGHT	WEIGHT			TEMPERATURE	PULSE	BLOOD PRESSURE
		AVERAGE	MAXIMUM	PRESENT			
20 April 51	6'	180		180	98	80	108/60

INSTRUCTIONS.—Describe (1) General Appearance and Mental Status; (2) Head and Neck (General); (3) Eyes; (4) Ears; (5) Nose; (6) Mouth; (7) Throat; (8) Teeth; (9) Chest (General); (10) Lungs; (11) Cardiovascular; (12) Abdomen; (13) Hernia; (14) Genitalia; (15) Rectum; (16) Prostate; (17) Back; (18) Extremities; (19) Neurological; (20) Skin; (21) Lymphatics.

- (1) General appearance: w.d. & w.n. ♂ of 22; alert & cooperative
- (2) Head & neck: Neg.
- (3) Eyes: Pupils round, equal, regular; react readily & well to L & A; normal EOM; Fundi normal
- (4) Ears: Neg.
- (5) Nose: Neg.
- (6) Mouth: No lesions
- (7) Throat: Slight post-nasal drip; pharynx benign
- (8) Teeth: Neg.
- (9) Chest: Symmetrical
- (10) Lungs: Clear to p.p.a.
- (11) Cardiovascular: Heart not enlarged; NSR; P₂ > A₂; no murmurs
- (12) Abd.: No masses or viscera palpable; no tenderness
- (13) Hernia: Neg.
- (14) Genitalia: Neg.
- (17) Back: Good motion; normal curve; no tenderness
- (18) Extremities: Neg.
- (19) Neurol: KJ & AJ = H
- (20) Skin: Eczematized, cracked, thickened skin & scales over dorsum of rt. hand, fingers & palms. Also a few plaques on dorsum of rt. foot.
- (21) Nodes - Neg.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
 Hall, Loran E.

REGISTER NO.
 73.253

WARD NO.
 C2

PHYSICAL EXAMINATION
 Standard Form 506

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

PHYSICAL EXAMINATION

PROGRAM:

- ① Direct microscopic
- ② Culture
- ③ 10% Salicylic acid & Undecylenic Acid \bar{a}
- ④ 10% Na Thiosulfate soaks

INITIAL IMPRESSION

Mycotic Lesions

SIGNATURE OF PHYSICIAN

M. M. Swartz

142

CLINICAL RECORD

RADIOGRAPHIC REPORTS

STAPLE 3D REPORT ALONG HERE ↑ AND SUCCEEDING ONES ON ABOVE LINES

STAPLE 2D REPORT WITH TOP AT THIS LINE ↑

STAPLE 1ST REPORT ALONG LEFT MARGIN WITH TOP AT THIS LINE ↑

STAPLING MARGIN

14167 7317.241.50 2426

(Check one) <input type="checkbox"/> BEDSIDE, WHEEL CHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
	Hall, Gordon . Col	73.226	24
EXAMINATION REQUESTED	REQUESTED BY	DATE OF REQUEST	AGE
Routine chest X-ray	Capt Ailsworth	20 April 51	31
		SEX	male

SUMMARY OF PERTINENT CLINICAL HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

Myrotic eczema

RADIOGRAPHIC REPORT (Use reverse side for additional space)

CHEST

The heart and lungs are negative.

54

FILM NO. _____

24 Apr 51
 (DATE OF REPORT)

R.M. Tarman, Maj. MC
 REPORT MADE BY—(Initials)

PATIENT

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

143

WD AGO FORM 8-66
 7 JUN 1944
 (Old WD MD Form 55L, 31 May 1939, which may be used until existing stocks are exhausted.)

LABORATORY REPORTS

Name Hall, Loran F. Grade Col Ward C2

(Check one)
 BED PATIENT
 AMBULATORY
 CHECK (✓) EXAMINATION REQUESTED
 ROUTINE FLOCCULATION ROUTINE COMPLEMENT FIXATION OTHER (Specify)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Hall, Loran F.
 REGISTER NO. 79.226 WARD NO. C2
 REQUESTED BY
Capt Ailsworth
 DATE OF REQUEST
20 April 51

CARDIOLIPIN NEGATIVE

(Check one)
 BED PATIENT
 AMBULATORY
 CHECK (✓) EXAM. REQUESTED
 W.B.C.
 DIFFERENTIAL COUNT
 NEUTROPHILS
 LYMPHOCYTES
 MONOCYTES
 EOSINOPHILS
 BASOPHILS
 OTHER TESTS OR EXAMINATIONS (Specify)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Hall, Loran F.
 REGISTER NO. 79.226 WARD NO. C2
 REQUESTED BY
Capt Ailsworth
 DATE OF REQUEST
20 April 51

RESULTS	CHECK (✓) EXAM. REQUESTED	RESULTS	CHECK (✓) EXAM. REQUESTED	RESULTS
<u>5,400</u>	<input checked="" type="checkbox"/> R. B. C.	<u>116.6 gms</u>	<input type="checkbox"/> PLATELETS	
<u>57</u>	<input type="checkbox"/> HEMOGLOBIN		<input checked="" type="checkbox"/> SEDIMENTATION RATE	<u>20 min</u>
<u>38</u>	<input type="checkbox"/> BLEEDING TIME		<input type="checkbox"/> HEMATOCRIT	<u>52</u>
<u>3</u>	<input type="checkbox"/> COAGULATION TIME		<input type="checkbox"/> BLOOD TYPE	
<u>21</u>	<input type="checkbox"/> BLOOD MORPHOLOGY		<input type="checkbox"/> Rh FACTOR	
	<input type="checkbox"/> MALARIA SMEAR			

GEORGE W. JONES
 Captain
 APR 20 1951
 (REPORT MADE BY—Initials)

REMARKS:

(Check one)
 BED PATIENT
 AMBULATORY
 CHECK (✓) EXAM. REQUESTED
 COLOR—APPEARANCE
 REACTION
 SPECIFIC GRAVITY
 ALBUMIN (Qualitative)
 ALBUMIN (Quantitative)
 MICROSCOPIC
 OTHER TESTS OR EXAMINATIONS (Specify)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Hall, Loran F.
 REGISTER NO. 79.226 WARD NO. C2
 REQUESTED BY
Capt Ailsworth
 DATE OF REQUEST
20 April 51

Standard Form 514b Promulgated August 1948
 By Bureau of the Budget—Circular A—32

HEMATOLOGY

CHECK (✓) EXAM. REQUESTED	RESULTS	CHECK (✓) EXAM. REQUESTED	RESULTS
<input checked="" type="checkbox"/> SUGAR (Qualitative)		<input type="checkbox"/> SUGAR (Quantitative)	
<input type="checkbox"/> SUGAR (Quantitative)		<input type="checkbox"/> ACETONE	
<input type="checkbox"/> ACETONE		<input type="checkbox"/> DIACETIC ACID	
<input type="checkbox"/> DIACETIC ACID		<input type="checkbox"/> BILE	
<input type="checkbox"/> BILE			

REMARKS: WBC 3-1 per HPF
RBC neg
CASTS rare 1 per HPF

APR 21 1951
 (DATE OF REPORT)
 GEORGE W. JONES
 Captain
 (REPORT MADE BY—Initials)

CLINICAL RECORD

NURSE'S NOTES
 (Sign all notes)

DATE AND HOUR	MEDICATION—TREATMENT	OBSERVATIONS (When indicated include intake and output, type, amount, and time)
21 April '51	Main Mess	Adm. 1400 hrs. Adm. Temp. 98.4 - 74 - 18 176 lbs.
21 April		Seems same
22 April	Had hand and arm's	
23 April	Rx oint to hands	
25 April	Rx. oint to hand & bandage	
29 April		No complaints
30 Apr	Same treat.	
	Rx oint discont.	
	Kmnof Soaks days	
	10% Salicylic Acid Oint HS	

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
 Hall, or n E.

REGISTER NO.
 79,225

WARD NO.
 05

NURSE'S NOTES
 Standard Form 510


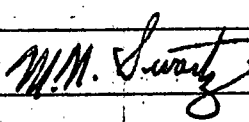
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)
 145

9-10-50173-1

GPO O-1949

CLINICAL RECORD

DOCTOR'S ORDERS
 (Sign all orders)

DATE		ORDERS	DOCTOR'S SIGNATURE	NURSE'S INITIALS	
START	STOP				
20 April '51		(1) Regular meals (2) Ambulatory (3) Dental Exam (4) Chest X-Ray (5) CBC (6) Urinalysis		M F M F M F M F M F M F	
21 April '51	30 Apr	(1) Salicylic Acid 10% } 1/2 & 1/2 Underethylene Acid } apply to lesions on rt. hand and rt. ankle bid.			M F
30 Apr	30 Apr	(2) Soaks c 10% Sodium Thio sulfate sol'n for rt. hand bid			
30 Apr		KmnO4 Soak to lesions during day 10% Salicylic Oint 1HS			

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

50-107-56204-1

GPO O - 70490

DOCTOR'S ORDERS
 Standard Form 508

146

ARMY
89)

CONSULTATION REQUEST AND REPORT

Name Hall, Loren E. Grade Cpl. Ward _____

Date 5-4-, 1951.

Consultation requested because of swelling, itching
and coming up of pustulant pimples.

Provisional diagnosis chronic recurrent dermatitis
on rt. hand. R. last year showed
poor results.

Routine. _____
Emergency. _____ F. J. King M.D.

Date _____, 19____ Date _____, 19____

Office, Chief of _____ Service. Office, Chief of _____ Service.

To Chief of _____ Service. To _____

Approved. _____
Disapprove. _____ For consultation.

_____ M. C. _____ M. C.

Date _____, 19____

Opinion of consultant:
Derma report not here when
patient came. Chronic in origin
has been etc.
R. 1/20 case in your - Louis post

R. J. [Signature]

ABBREVIATED CLINICAL RECORD

Name Hall, Loren E. Grade CPL Ward 516-2

(This sheet to be used in conjunction with 55A, M.D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

" GW for few days. Has hot joint aches and general malaise for 24 hrs. 1/2 hour before admission he passed out according to witnesses.

Complete physical examination is negative except for the following:

Temp. 99.0, Rhinorrhea, dry cough, mild pharyngitis.

Progress:

Diagn. Influenza, by.

29 Sept 57. Asymptomatic. B.P. 112/76.
Patient may be allowed to return to duty if P.E. at 1600 is OK.

30 Sept 57 Discharged to duty.

H. P. Wenger

(Use both sides of this sheet)

TEMPERATURE GRAPHIC CHART

NAME		HALL, LOREN - E												GRADE				WARD																			
DATE		SEPT 1951				28				29				30				OCT 1																			
DAY OF HOSPI-TALIZATION		0				1				2				3																							
POSTOPERATIVE DAY		15																																			
HOUR OF DAY		4		8		12		16		20		24		4		8		12		16		20		24		4		8		12		16		20		24	
RESP.	PULSE	TEMP.	[Grid area for plotting data]																																		
			180	107°																																	
			140	106°																																	
			100	105°																																	
			60	104°																																	
			20	103°																																	
			0	102°																																	
				101°																																	
				100°																																	
				99°																																	
	98°																																				
	97°																																				
	96°																																				
HEIGHT-WEIGHT																																					
FLUID INTAKE	MOUTH																																				
	PARENTERAL																																				
	TOTAL																																				
FLUID OUTPUT	URINE																																				
	EMESIS																																				
	OTHER																																				
	TOTAL																																				
SPUTUM																																					
STOOLS																																					
BLOOD PRESSURE																																					
MEDICATIONS																																					

W. D., A. G. O. Form No. 8-37
15 September 1944

This form supersedes W. D., M. D. Form 55 H-2, 31 May 1939, which may be used until existing stocks are exhausted.

●—○—● TEMPERATURE
○—○—○ RESPIRATION

●—○—○ RADIAL PULSE
○—○—○ APICAL PULSE

AGL (1) 5-50-25M-12745

153

ABBREVIATED CLINICAL RECORD

10th Gen. Hosp

Name Hall Loren E. Grade Cpl. Ward _____

(This sheet to be used in conjunction with 55A, M. D. in cases where the data hereon will suffice to conform with existing regulations.)

Pertinent history, chief complaint, and condition on admission.

9 Jan 51.

Since Sunday he is developing a cold.

Complaining of sore muscles, headache, coughing, no appetite.

Complete physical examination is negative except for the following:

4/21
Pharynx is injected
Imp. of gen. malaise.

Diagn. upper respiratory infection.

Progress:

D.R. Kondoruk. H.

10 Jan 51
Tight RW
SRK

11 Jan 51
Lymph node postauricular - left ear

13 Jan 51
Discharge
SRK

RSING
TES AND
EATMENT
CORD

RD NO.

7-11

SE NO.

14 Jan. Pt. admitted by Letter 2130 hours
98² 88-19. Pulse checked 216. Stable.
15 Jan 78-76-18 1200-992-88-17
1600 98-80-18 2000-985-80-18
16 Jan 0840 984 84-16

16 Jan. Admitted to Bc per letter -
Examined by capt. Buckley w/eyes
removed from letter - no hb.
Reg. diet.
Sandbags around neck.
Temp. normal. X-ray lateral Bm.

2100 Cal gross } for pain & Gen
Acadys X } discomfort.
2600 Good night.
17 Jan. Eating well - good a.m.

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	DATE														
			Jan 14			15		16		17		18		19		20	
			0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300	0700	1500	2300
15 Jan	Lateral X-ray neck - 050. Iliads & diet ad lib. Cont. bedrest on flat board. Close observation of pulse, resp.																
16 Jan	Transfer to Munich for further X-ray. Sandbags around head during trip. w.r.k.																
	Turn log fashion 9:30 Keep neck in line Codeine 075 940 Morbital 9155 940																

REGISTER NO.

1214

20

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK-MARK IN PROPER COLUMN OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

DATE OF ADMISSION	GRADE	ARMY SERIAL NUMBER	NAME	DIAGNOSIS
14 Jan 50	PKC	914 11224450	HALL, LAMON F	Concussion of brain

NURSING NOTES AND ATTENDMENT RECORD NO. 18/16

DATE	NURSING NOTES	DATE	NURSING NOTES
9 Jan	Admitted @ 1045. Ambulatory Throat Swear & Culture T. 100° - 84-20 @ 1130 Procaine Penicillin @ 1130 (1cc) Fluids urged Saline gargles ASA tab ii @ 1230 100° - 84-18 @ 1600, ASA Tab. ii 2000 FOR TEMP. 101-86-20 @ 2000	99-76-18 @ 2000 MEMAUTAL C.A.P. T 2200 FOR SLEEP 12 JAN 99° 72-16 @ 0800, 99-72-18 @ 1200 99-72-18 @ 1600. Diathermy to lt shoulder @ 1230 Pen. Inhalation @ 1400 100° - 76-18 @ 2000	
10 JAN	100° - 68-16 @ 0800 ASA TAB. ii 0700 FOR TEMP. Exam by Capt Korst @ 0930 Pen. Inhalation @ 1000 99° 76-20 @ 1200, 99° - 84-18 @ 1600 99° - 80-18 @ 2000	13 Jan 99-80-18 @ 0800	
11 Jan	99-84-16 @ 0800 99° 76-18 @ 1200. 99-80-18 @ 1600. penicillin INHALATION @ 1200. DIATHERMY TO LEFT SHOULDER @ 1230.		

DATE ORDERED	ORDERS (INITIAL EACH ITEM)	DATE DISCONTINUED	DATE														
			9 0700	9 1500	9 2300	10 0700	10 1500	10 2300	11 0700	11 1500	11 2300	12 0700	12 1500	12 2300	13 0700	13 1500	13 2300
9.1.51	① Reg. diet		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	② Rant. lab. work		✓														
	③ Diathermy lt. shoulder i.d.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	④ Penicillin proc i u i d.	12 Jan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	⑤ Force fluids		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	⑥ E.T. 4. 14 3 q.i.d.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	⑦ Saline gargles		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	⑧ Aspirin ii tabs q. i. d.		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
	⑨ Throat swab & culture		✓														
10 Jan	Inhalation with Pen + 1/8 7-Neosyn					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11 Jan	Neosyn 1/8 7-Neosyn					✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12 Jan	Discharge																

AT THE END OF EACH PERIOD ON DUTY NURSE WILL PLACE CHECK MARK IN PROPER COLUMN OPPOSITE EACH ORDER COMPLETED AND WILL ENTER HER LAST INITIAL ON BOTTOM LINE AS CERTIFICATION THAT DUTIES INDICATED HAVE BEEN COMPLETED.

REGISTER NO. 8903
GE 21

DATE OF ADMISSION: 9.1.51
GRADE: Cpl
ARMY SERIAL NUMBER: M7224450
NAME: Kall, Loren
DIAGNOSIS: upper resp. infe

536TH GENERAL DISPENSARY

Penicillin

Therapy

Name HALL, LOREN. Rank C.P.I. ASN Room 518 Bed 17

Date started 9 JAN 51 Completed 11 Jan 51 2800

Drug PRACNAE. PENICILLIN 300 000 Units Stat. 1 x day
 40 000 Units q. hr Doses
 20 000 Units q. hr Doses

V. R. Hunt Capt. MC

10th Procaine Penicillin

Date	Hour	Temp.	Date	Hour	Temp.
9 Jan 51	0300	300,000 U.	10 Jan 51	0300	300,000 U.
	0600			0600	
	0900			0900	
	1200			1200	
	1500			1500	
	1800			1800	
	2100			2100	
	2400			2400	
10 JAN. 51	0300	300,000 U.	11 JAN. 51	0300	900,000 U.
	0600			0600	
	0900			0900	
	1200			1200	
	1500			1500	
	1800			1800	
	2100			2100	
	2400			2400	
11 JAN. 51	0300	300,000 U.	11 JAN. 51	0300	900,000 U.
	0600			0600	
	0900			0900	
	1200			1200	
	1500			1500	
	1800			1800	
	2100			2100	
	2400			2400	

(Check one) <input type="checkbox"/> BEDSIDE, WHEEL CHAIR, OR STRETCHER <input type="checkbox"/> BED PATIENT <input type="checkbox"/> AMBULATORY	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME	REGISTER NO.	WARD NO.
	HALL, LOREN-E cpl	195	516-2
	REQUESTED BY	DATE OF REQUEST	
EXAMINATION REQUESTED	DR. GRUBISCH	28. SEPT. 51	
	Chest. Plate	AGE	SEX
		21	M

SUMMARY OF PERTINENT CLINICAL HISTORY, PHYSICAL FINDINGS, AND PROVISIONAL DIAGNOSIS

INFLUENZA

RADIOGRAPHIC REPORT (Use reverse side for additional space)

neg. —

FILM NO. 1282
 3 Oct. 51
 (DATE OF REPORT)
 NRK
 REPORT MADE BY—(Initials)

7779. Med Det. C
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY) AGL (1) 4-50-100M-11939

159

Standard Form 518a Promulgated August 1948
 By Bureau of the Budget—Circular A-55
 RADIOGRAPHIC REPORTS

DISPOSITION BOARD PROCEEDINGS FOR OFFICERS

AR 40-150

1 NAME AND LOCATION OF HOSPITAL WHERE BOARD MET USAH, CAMP CHATEAU, ARKANSAS						2 DATE OF MEETING 18 July 52															
3 LAST NAME—FIRST NAME—MIDDLE INITIAL HALL, LORAN R.			4 ARMY SERIAL NO. RA1722150		5 GRADE Cpl	6 ARM OR SERVICE ANTY	7 AGE IN YEARS 22														
8 UNIT ORGANIZATION (REGIMENT, SQUADRON, GROUP COMMAND) 505th IP Co			9 DATE ADMITTED 10 Jul 52		10 TRANSFERRED FROM (FACILITY) Direct																
11 CIRCUMSTANCES UNDER WHICH ADMITTED TO HOSPITAL (CAUSE OF ADMISSION) Psychiatric evaluation			12 DATE ENTERED ON ACTIVE DUTY IN COMMISSIONED STATUS AND WHETHER LIMITED OR GENERAL SERVICE 30 June 1948																		
13 MILITARY OCCUPATIONAL SPECIALTY (TITLE) None			14 CURRENT EFFECTIVE AERONAUTICAL RATING (IF ANY) None		15 ON FLYING STATUS PRIOR TO PRESENT PERIOD OF HOSPITALIZATION		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>													
16 AFTER CAREFUL CONSIDERATION OF CLINICAL RECORDS, LABORATORY FINDINGS, AND PHYSICAL EXAMINATION THE BOARD FINDS THE OFFICER TO HAVE THE FOLLOWING DIAGNOSIS, CONDITION UPON COMPLETION OF CASE, AND LINE OF DUTY FINDINGS FOLLOWING EACH DIAGNOSIS. (LIST DIAGNOSES BY NUMBER PREFIX.)																					
1. Epilepsy, grand mal. NLD EPTC. Soldier is unfit for full or modified duty.																					
Physical Profile 11111-D.																					
Does not meet the minimum standard requirements for induction or enlistment (par 77 f AR 40-115).																					
17 DATE BECAME INCAPACITATED FOR MILITARY DUTY (ENTER ONE DATE) 10 Jul 52		18 APPROXIMATE DATE OF ORIGIN OF EACH INCAPACITY (ENTER EACH DATE)		19 IS CAUSE OF INCAPACITY INCIDENT TO SERVICE		20 EXISTED PRIOR TO ENTRY ON ACTIVE DUTY		21 PERMANENTLY AGGRAVATED BY ACTIVE DUTY		22 MAXIMUM HOSPITAL BENEFIT RECEIVED											
		(1) 1946		YES		YES		YES		YES											
		(2)		NO		NO		NO		NO											
		(3)		X		X		X		X											
		(4)																			
DEGREE OF DISABILITY FOR MILITARY SERVICE (CHECK APPROPRIATE ITEMS)				TYPE OF SERVICE RECOMMENDED (CHECK ONE)				32 QUALIFIED FOR OVERSEAS													
23 TOTAL <input checked="" type="checkbox"/>		24 PARTIAL		25 PERMANENT <input checked="" type="checkbox"/>		26 TEMPORARY		27 NONE		28 GENERAL		29 PERMANENT LIMITED		30 TEMPORARY LIMITED		31 NONE <input checked="" type="checkbox"/>		YES <input type="checkbox"/>		NO <input checked="" type="checkbox"/>	
33 STATE DISABILITY BRIEFLY IN NONTECHNICAL LANGUAGE Epileptic seizures - no treatment available.																					
34 THE BOARD RECOMMENDS THAT: Individual be discharged from military service for the convenience of the government under provisions of SR 600-150-10.																					
35 SIGNATURE OF BOARD MEMBER REQUIRED (PRESIDENT) <i>[Signature]</i>						36 SIGNATURE OF BOARD MEMBER REQUIRED (RECORDER) <i>[Signature]</i>						37 SIGNATURE OF THIRD MEMBER (NOT REQUIRED)									
NAME, GRADE, ARM OR SERVICE (TYPE) HOWARD C. REID CAPT., MC						NAME, GRADE, ARM OR SERVICE (TYPE) PETER P. HIGAN III 1ST LT., MC						NAME, GRADE, ARM OR SERVICE (REQUIRED) JACK E. FRESCHINO 1ST LT., MC									
38 POSITION VACANCY EXISTS YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>						39 DATE APPROVED JUL 22 1952						40 DATE APPROVED									
CITE APPLICABLE WAR DEPARTMENT DIRECTIVE						SIGNATURE OF C. O. OF HOSPITAL						SIGNATURE, C. O. OR DEPUTY OF STATION									
SIGNATURE OF LIAISON OFFICER						NAME, GRADE, TITLE (TYPE) R. A. MYNICKSON COLONEL, MC						NAME, GRADE, TITLE (TYPE)									
NAME AND GRADE OF LIAISON OFFICER (TYPE)						41 DATE DEPARTURE						42 REMARKS									

WD AGO FORM 8-118
1 MAR 1945

Replaces WD AGO Form 8-118, 1 Oct 44, and 1 Feb 45, which may be used.

INSTRUCTIONS: Original and four copies to be prepared. Sign original only; Signature constitutes approval. Attach a brief Clinical Abstract on 8 x 10 1/2-inch white paper. If possible, indicate any known defects upon entry on duty on a commissioned status for which a waiver was granted. †Required only if Commanding Officer of Hospital is not authorized to issue orders. ‡For Administrative purposes.

CLINICAL RECORD

DOCTOR'S PROGRESS NOTES

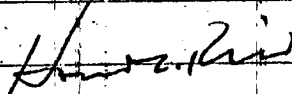
(Sign all notes)

10 July 52

This man has a long standing history of grand mal epilepsy, and was discharged from the army on a previous occasions with this diagnosis. He has from one to two seizures per month under ordinary circumstances on medication. Lately his seizures have increased somewhat and he has had 3 seizures in the presence of the fellow ~~xxxx~~ soldiers of the MP Company. This has reached the attention of his commanding officer who sent him to the Psychiatry & Neurology Service for evaluation.

DIAGNOSIS: (3531) Epilepsy, grand mal, partially controlled, etiology unknown.

RECOMMENDATIONS: Discharge at the convenience of the government.



HOWARD C. REID, CAPT., MC

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Hall, Loran

REGISTER NO.

16408

WARD NO.
D8

HOWARD C. REID, CAPT., MC

DOCTOR'S PROGRESS NOTES

100

CLINICAL RECORD		DIAGNOSTIC SUMMARY	
DATE OF ADMISSION 10 July 52	DATE OF DISCHARGE 17 July 52	NUMBER OF DAYS HOSPITALIZED 7	
CLINICAL DIAGNOSES (3531) Epilepsy, grand mal.			
OPERATIONS NONE			
THERAPEUTIC PROCEDURES AND OTHER FACTORS OF CLINICAL INTEREST PSYCHOTHERAPY			
PATHOLOGICAL DIAGNOSES NONE			
CAUSE OF DEATH (Do not enter more than one cause per line for items a, b, and c)	THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC.. IT MEANS THE DISEASE, INJURY, OR COMPLICATIONS WHICH CAUSED DEATH.	A. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES	B. DUE TO (OR AS CONSEQUENCE OF)	
	MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (ITEM A) STATING THE UNDERLYING CAUSE LAST.	C. DUE TO (OR AS CONSEQUENCE OF)	
	THIS MEANS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	D. OTHER SIGNIFICANT CONDITIONS	
SIGNATURE OF PHYSICIAN P. F. REGAN III, 1st Lt., MC		DATE 17 July 52	IDENTIFICATION NO. RA1722450
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME Hall, Loran E.		ORGANIZATION 505th MP Co.	REGISTER NO. 16406
		WARD NO. D8	

USAH, CP CHAFFEE, ARK.

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

181

Standard Form 502
 Promulgated August 1948
 By Bureau of the Budget
 Circular A-32

CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	
10 July 52	17 July 52	7	

(Sign and date at end of narrative)

This 22-year old white male was admitted to the Psychiatry & Neurology Service because of severe ~~an~~ grand mal epilepsy which has incapacitated him in military and civil life. He is discharged at the convenience of the government when symptoms return to preinduction level.

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
P. F. REGAN III, 1st Lt., MC	17 July 52	RA17224450	505th MP Co.
PATIENT'S LAST NAME--FIRST NAME--MIDDLE NAME		REGISTER NO.	WARD NO.
Hall, Loran E.		16406	D8

NARRATIVE SUMMARY
 Standard Form 502

USAH, CP CHAFFEE, ARK.
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

U. S. GOVERNMENT PRINTING OFFICE 59-16-56190-2

182

CLINICAL RECORD

HISTORY—Part 1

NATURE AND DURATION OF COMPLAINTS (Include circumstance of admission)

Chief Complaint - Epilepsy

HISTORY OF PRESENT ILLNESSES

In 1946 pt was hit on the head with the blunt end of an ax and ~~being~~^{was} rendered unconscious. About 6 months later he began having epileptic seizures. In addition he ~~says~~ says that he has had ^{almost} constant headaches with pains on both sides running from his temples to the rear of the head. In 1946 pt was also knocked unconscious after being hit on the head with a base ball bat.

In 1947 pt enlisted in the army but was discharged at the end of 4½ months. He claims that he was discharged because he had epilepsy but he says that he was not told that he had ~~ix~~ that disease. After his return home in 1947 he saw a civilian doctor who told him that he was epileptic and put him on dialantin. Pt mentions that when he takes dialantin he may go one or more months without an attack but recently he has stopped taking medication. Pt reenlisted in the army in 1948 and has ~~xxxx~~ apparently been doing fairly well in the military since then.

He had a seizure about 5 days ago and mentions that the seizure perceding the last one occured about 2 weeks ago.

About 3 weeks ago pt married a women whom he had met while he was overseas in ~~argiana~~ ~~UCCOM~~ While she is pregnant he brings out that he married her because he loves her. He is concerned over the possibility that their child might be epileptic and mentions that he had not married previously because of the possibilty.

Impressions: It seems that this pt does not accept the limitations of his illness very well. One example of that is that he was not taking his medication. Another is that he has been driving an automobile until recently when he had a seizure while driving, and the result was an automobile acciuent. His license however has been taken away.

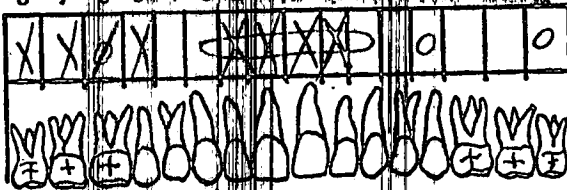
(Continue on reverse side)

SIGNATURE OF PHYSICIAN <i>Kenneth P. Newfield</i>		DATE 14 July 52
KENNETH P NEWFIELD 2nd Lt. MC Chief Social Work Section		WARD NO. D8
PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME HALL Loran		REGISTER NO. 16406

REPORT OF DENTAL SURVEY

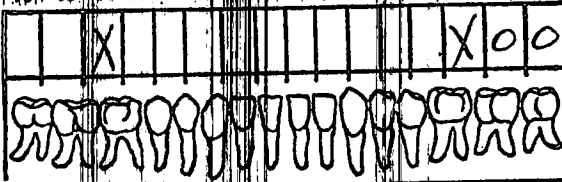
UPPER TEETH*

RIGHT LEFT
 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
 8 7 6 5 4 3 2 1 12 11 10 9 8 7 6 5 4 3 2 1



LOWER TEETH*

RIGHT LEFT
 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1



OCCLUSION *Mal slight* CLASS *3* CALCULUS SLIGHT, MEDIUM, HEAVY
 PERIODONTITIS *N 0*
 DENTAL FOCI SUSPECTED YES NO
 OTHER CONDITIONS

Bridge Def.
X-Ray # 3

DATE

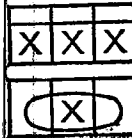
SIGNATURE OF DENTAL OFFICER

26 March 1952 Capt J. H. Harkerader

* RESTORABLE CARIOUS TEETH BY *0*
 NONRESTORABLE CARIOUS TEETH BY *0*
 MISSING NATURAL TEETH BY *X*

TEETH REPLACED BY DENTURE
 (Horizontal line)

TEETH REPLACED BY FIXED BRIDGE
 (Oval to include abutments)



WD AGO FORM 8-116
 15 MAR 1945

This form supersedes WD AGO Form 8-116 of May 1944 (formerly WD Form 79) which will not be used upon receipt of this revision.
 16-20923-2 ☆ GPO

286

CLINICAL RECORD

Report on Hall Loran E.

Continuation of S. F.

Social History

(Strike out one line) (Specify type of examination or data)

Identifying Data

ASN RA 17 224 450
Rank Cpl
Orgn 505th MP Co
Race W
Age 22
Rel P
L/S 5 years

(Sign and date)

14 July 1952
Date of Ind 30 June 1946
Date of adm 11 July 1952

Emergency Addressee
Mrs Loran E. Hall (W)
3011 Redwood
Parsons, Kansas

General Appearance: Pt is a short dark haired individual of stocky build. He cooperated well and was spontaneous and voluble with no tendency to wander. He seemed to be in excellent spirits and displayed a somewhat cocky attitude. He appeared to enjoy the interview and smiled and laughed frequently and appropriately.

Family history: Father, about 42, had an operation 6 months ago for the removal of a cancerous growth on his forehead. The operation was apparently successful and he is now able to work. He is a division manager for a household goods wholesaler, and has made a good living at this. He has a quick temper and pt states that he's had many disagreements with his father who could never seem to let pt do what he wanted.

Mother, 41, has had fair health but spends some time in bed each year because of nervousness. She is a very emotional and used to have frequent crying spells. Noises and other disturbances tend to upset. She was fairly strict with pt when he was little but he feels he's gotten along much better with her than with his father.

Pt is the oldest of 2 siblings, one boy and one girl, ages 19 and 22. His sister is very emotional and "high strung" and has been going to a doctor for her nerves for 1 1/2 years. At times it is impossible to get along with but pt feels that he's gotten along with her as well as anybody else.

A maternal great aunt was in a mental hospital. As far as pt knows there is no history of epilepsy in his family.

Early Development: Pt was born in Newton, Kansas 4 Jan. 1930 and was a healthy baby. He was easily frightened as a child. He stuttered quite badly till he was 14. He had occasional temper tantrums as a child. No enuresis.

School History: Pt started to kindergarten at age 3 and quit at age 16 after he finished his third year of high school. He quit school to join the army and states that he's always wanted to be in the army. He liked school and always

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME
Hall Loran E.

REGISTER NO.

WARD NO.

16406

28

REPORT ON

USAH Cp Chaffee, Arkansas

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CONTINUATION OF

Standard Form 507

made passing grades. He got along o.k. with his teachers usually although occasionally he couldn't seem to get along with certain teachers. He got along well with his ~~xx~~ school mates and always took part in athletics especially football.

Work history: Pt worked as a salesman for ~~2 1/2~~ years. He worked for his father but didn't like to work with him. After a year he quit working with him and was hired as a salesman for a wholesaling grocery concern. He had an attack in a grocery store and lost ~~xxx~~ this store's business. His employers knew of his epilepsy but didn't seem to mind.

Delinquency record: Negative.

Religion: Protestant. Baptist. He attends church irregularly and considers himself religious.

Sex History: Pt received considerable sex information from his father at age 16. He denies feeling any guilt over any aspect of his sexual behavior. He started dating at age 16 and has been out with a lot of girls especially in Germany. His first engagement was broken up when he had an epileptic attack in his fiancis presence. He has been legally married for 3 weeks but has lived ~~wixxxx~~ with his wife for 1 1/2 years. She is an English girl who is a professional ice skater. Pt met her while he was in Germany. They are expecting a child in Sept.

Avocations: Pt is a avid fisherman and states that he goes fishing every chance he gets. He likes to putter around the house. He doesn't like to be around people because of his siezures.

Health History: Pt has had seizures for 5 years. He has one every week or so when he s not taking dilantin but when he takes the dilantin regularly he has ~~only~~ one attack every month or two. He bites his tongue whenever he has a seizure says he "cruses the hell out of himself" sometimes when he falls during a seizure. He says that he only has 2 or 3 seconds warning before the fit comes. Following the fit he "aches all over" for an hour or so.

In 1946 pt received a brain concussion when he was hit in the head with a baseball bat. He was in bed for over a week following this. Pt has broken his right hand, left elbow, nose, and left knee in accidents. He seems to be always getting hurt. He had an appendectomy at age 11.

Military History: Pt enlisted in Newton, Kansas 7 Jan 1947 and completed 8 weeks of basic at Ft Lewis. He was sent to Madigan and was discharged after 4 months in the army. He again enlisted in 1948 and was sent directly to Germany where he was sent directly to Germany where he served 42 months in the MP's. He returned to the states in Feb 1952 and has been assigned to Cp Chaffee MP's since then. He has liked the army very much and likes being an MP. He 's gotten along well with all army personnel ~~xs~~ and had planned to make a career of the army. He now feels that he wants a discharge.

Personality Traits: Pt has a hard time in getting to sleep but after he gets to sleep he sleeps good. He rarely dreams. He likes to drink and used to get drunk 3 or 4 times a month. He says he has ~~quit~~ drinking entirely. He smokes about 2 packs perday. He's never considered committing suicide.

John W. Dusenberry
JOHN W. DUSENBERRY PFC
Social Work Tech.

Chart

CLINICAL RECORD

Report on Psychological Testing
or
Continuation of S. F.
(Strike out one line) (Specify type of examination or data)

14 July 1952

(Sign and date)

Tests Administered:

W-B Information
W-B Comprehension
W-B Similarities
W-B Block Designs
WGS Color-Form
Draw-A-Person

Grayson Perceptualization
W-B Picture Completion

Introduction: The patient appeared friendly, cooperative and related fairly well; ~~with good~~ although the patient was somewhat smug and cocky. Affect appeared appropriate.

Test Analysis: The patient earned an average IQ of 118 (Chaffee Battery), indicating present function at the Bright Normal level. Abstracting ability seemed superior, particularly in the non-verbal areas, and the patient demonstrated an ability to readily shift his conceptual framework. Figure drawings showed signs of aggressiveness, negativism and evasiveness; with some feelings of insecurity. There appeared to be some sexual preoccupation. The tests were negative in signs of a thinking disorder or organic brain damage.

Impression: This record is most consistent with those of Bright Normal, somewhat aggressive, individuals with mild feelings of insecurity.

Robert W. Benson

ROBERT W. BENSON, Pvt.
Clinical Psychology Technician.

(Continue on reverse side)

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

HALL, LORAN E.

REGISTER NO.

16408

WARD NO.

D-8

USAH, CAMP CHAFFEE, ARK.

REPORT ON PSYCHOLOGICAL TESTS

OR

CONTINUATION OF

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CLINICAL RECORD

Report on
 or
 Continuation of S. F.
(Strike out one line)

Hall, Loran

Additional Information

(Sign and date)

24 July 52

Pt wanted to see one of the social work officers, and indicated in an excited voice that he had a problem. He felt that it was an emergency and therefore I saw him immediately.

Pt explains, that he has an uncle who is 27 years old who is a very good friend of his. This uncle was wounded in the second world war and lost the use of one arm. Following his discharge, he worked with his uncle in his father's business and they became fast friends. Recently his uncle became involved with a woman who was married to a Catholic and upon his uncle's insistence the woman became divorced. He was about to marry this woman when they had an argument and she left from Wichita to Kansas City, where this woman's former husband lived. At this, his uncle became very excited and depressed, and has not been acting normally since.

Pt then went on to say that he called his parents on this day, and ^{they} told ~~them~~ ^{him} that his uncle is really acting abnormally. He is quite concerned because his uncle has entered into a hot rod race, which he feels is very dangerous and there is a possibility that his uncle may be killed. He feels that this is especially true because his uncle has never driven in hot rod races before, and in addition has only the use of one arm. He believes that this foolish move is a direct result of his uncle's breakup with this girl. He wanted us to give him some advice as to what he should say to his uncle when he calls him or what he should write to him if he should write. Pt showed a great deal of concern and excitement about this, and we felt that it was necessary to talk it over with him. It was pointed out that any reasoning with his uncle at this time may not at all be helpful. His uncle was probably doing this as a tension giving mechanism, and in time would probably get over it. However, if pt was to call him, pt would feel better if he did so, he may. It was advised that he speak to his uncle in a normal tone of voice, show as little excitement as possible, and let his uncle know that he was returning from the army soon and that they would be together again. In mentioning the hot rod races the pt was to act as if this was a normal and acceptable activity, for any excitement which he would give his uncle would only arouse his feelings, and make his uncle's attention getting device more useful. At the same time pt was supported in being calm about the situation, and helping him see that his uncle would probably get over this shortly.

Paul H. Glasser

PAUL H. GLASSER 2nd Lt MSC
 Psychiatric Social work Officer

(Continue on reverse side)

PATIENT'S LAST NAME--FIRST NAME--MIDDLE NAME
 Hall Loran

REGISTER NO.

16408

WARD NO.
 D-8

USAH Cp Chaffee, Arkansas

(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

REPORT ON
 or
 CONTINUATION OF

187

15 July 1952

CLINICAL RECORD

CONSULTATION SHEET

REQUEST

TO: *Surgical Clinic*
 REASON FOR REQUEST (Complaints and findings)

FROM: (Requesting ward, unit, or activity)
N.P. Section

DATE OF REQUEST

15 July

Follow up.

PROVISIONAL DIAGNOSIS

Epilepsy, Grand mal

DOCTOR'S SIGNATURE

APPROVED

PLACE OF CONSULTATION

BEDSIDE ON CALL

ROUTINE

EMERGENCY

CONSULTATION REPORT

15 July 52

There is a well healed scar over the thenar aspect of the right hand. There are two small nodules located over this area, one is somewhat painful but inferior. A small incision was made and the suture was removed. It appeared to be a 000 chromic catgut suture. In the other area no suture was found. The areas were cleaned with merthiolate and dressed. Pt. discharged from the clinic.

S A M SHASHY, 1st Lt, MC

(Continued on reverse side)

SIGNATURE AND TITLE

DATE

IDENTIFICATION NO.

ORGANIZATION

PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME

REGISTER NO.

WARD NO.

Hall, Loren E.

16406

D-5

U.S.A.H. Camp Chaffee, Ark.
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

CONSULTATION SHEET
 Standard Form 513

102

10425

CLINICAL RECORD

CONSULTATION SHEET

TO: ENT FROM: 2-5 DATE OF REQUEST 15 July 52

REASON FOR REQUEST (Complaints and findings)
Pain in Rt. ear

PROVISIONAL DIAGNOSIS
Epilepsy - grand mal

DOCTOR'S SIGNATURE W. R. Rosen (1000) APPROVED PLACE OF CONSULTATION
 BEDSIDE ON CALL ROUTINE EMERGENCY

CONSULTATION REPORT
15 July 52

Subacute flare up of old external otitis, rt.
 Drum OK. Moderate scarring and atrophy skin left, 5
 normal activity. Amoxicillin etc. Rx. rt. ear.
 W. R. Rosen

(Continue on reverse side)

SIGNATURE AND TITLE W. R. Rosen DATE 15 July 52 IDENTIFICATION NO. RA 1224450 ORGANIZATION 505th M.P.
 PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME Rosen, William E. REGISTER NO. 16206 WARD NO. 2-5

NAME OF HOSPITAL OR OTHER MEDICAL FACILITY USAH of Chatter... CONSULTATION SHEET Standard Form 513

129

CLINICAL RECORD

LABORATORY REPORTS

ROUTINE

(Check one) <input type="checkbox"/> BED PATIENT	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME HALL LORAN E	REGISTER NO. 16406	WARD NO. D-8
<input checked="" type="checkbox"/> AMBULATORY	REQUESTED BY <i>H. Rogers</i>	DATE OF REQUEST 18 July '52	
CHECK (✓) EXAM. REQUESTED	RESULTS	CHECK (✓) EXAM. REQUESTED	RESULTS
<input type="checkbox"/> W. B. C.	<i>9700</i>	<input type="checkbox"/> R. B. C.	
<input type="checkbox"/> DIFFERENTIAL COUNT		<input type="checkbox"/> HEMOGLOBIN	<i>14 gmc</i>
NEUTROPHILS		<input type="checkbox"/> BLEEDING TIME	
LYMPHOCYTES		<input type="checkbox"/> COAGULATION TIME	
MONOCYTES		<input type="checkbox"/> BLOOD MORPHOLOGY	
EOSINOPHILS		<input type="checkbox"/> MALARIA SMEAR	
BASOPHILS		<input type="checkbox"/> PLATELETS	
		<input type="checkbox"/> SEDIMENTATION RATE	
		<input type="checkbox"/> HEMATOCRIT	
		<input type="checkbox"/> BLOOD TYPE	
		<input type="checkbox"/> Rh FACTOR	

OTHER TESTS OR EXAMINATIONS (Specify)

July 18
(DATE OF REPORT)
mm
(REPORT MADE BY—Initials)

REMARKS
B
 Hosp.
 of Chaffee, Ark.
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

HEMATOLOGY

STAPLING MARGIN

ROUTINE

(Check one) <input type="checkbox"/> BED PATIENT	PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME HALL LORAN E	REGISTER NO. 16406	WARD NO. D-8
<input type="checkbox"/> AMBULATORY	REQUESTED BY <i>H. Rogers</i>	DATE OF REQUEST 18 July '52	
CHECK (✓) EXAMINATION REQUESTED			
<input type="checkbox"/> ROUTINE FLOCCULATION	<input type="checkbox"/> ROUTINE COMPLEMENT FIXATION	<input type="checkbox"/> OTHER (Specify)	

REPORT:

NEGATIVE

REMARKS
2/2
 Hosp.
 of Chaffee, Ark.
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

14-7-52
(DATE OF REPORT)
[Signature]
SIGNATURE (Specify Title if not part of requesting facility)

SEROLOGY

REMARKS
3
 Hosp.
 of Chaffee, Ark.
 (NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)

URINALYSIS

PATIENT	<i>Hall, Loran E</i>	REGISTER NO.	<i>16406</i>	WARD NO.	<i>D-8</i>
(NAME OF HOSPITAL OR OTHER MEDICAL FACILITY)					
<i>USAH of Chaffee, Ark.</i>					

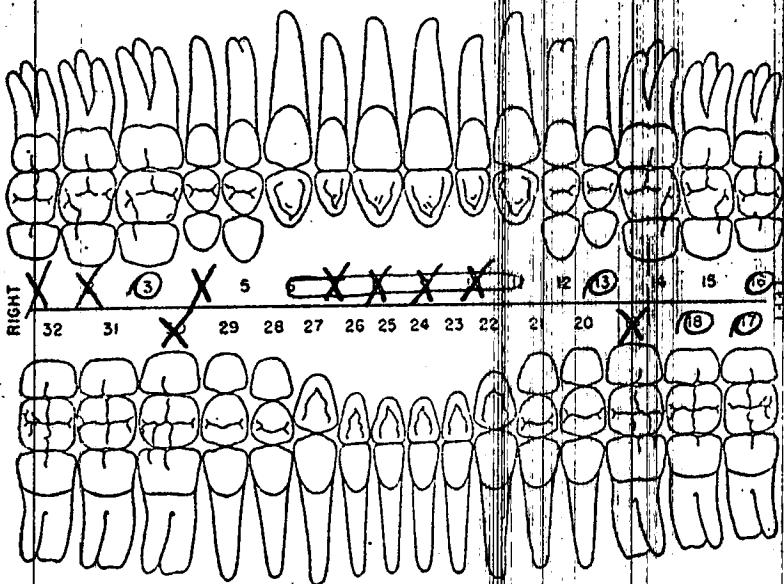
180

Standard Form 521
 Promulgated May 1950
 By Bureau of the Budget
 Circular A-32 (Rev.)

CLINICAL RECORD

DENTAL

REPORT OF DENTAL EXAMINATION



CALCULUS
 SLIGHT MODERATE HEAVY

PERIODONTAL OR GINGIVAL DISEASE

Slight

ABNORMALITIES OF OCCLUSION

Slight mal

ORAL INFECTION (Other than gingival or periodontal): OTHER FINDINGS

X-Ray T # 3 - Extract T # 3 -
 DENTAL CLASSIFICATION *3*

RECOMMENDATIONS

*Edge defective - replace facing.
 Not to be held in Hospital for Dental treatment*

APPROXIMATE TIME REQUIRED FOR COMPLETION OF RECOMMENDED DENTAL TREATMENT _____ DAYS

DENTAL FACILITY *Hospital Dental Clinic* DATE *26 July 1952* SIGNATURE OF DENTIST *John H. Harkrader, Capt.*

INFORMATION FOR DENTAL SERVICE (To be filled in by referring agency)

CHECK HERE IF PATIENT HOSPITALIZED FOR DENTAL TREATMENT ONLY PRINCIPAL MEDICAL DIAGNOSIS

PATIENT REFERRED FOR

- EMERGENCY TREATMENT
- ROUTINE TREATMENT
- EXAMINATION FOR ORAL INFECTION
- ELIMINATION OF ORAL INFECTION
- OTHER (Specify)

REMARKS (Include any special precautions to be observed in treatment):

GRADE, RATING, OR POSITION *Cpl.* APPROXIMATE PERIOD OF HOSPITALIZATION _____ DATE REFERRED *25 July 1952* SIGNATURE OF REFERRING PHYSICIAN *John H. Harkrader*
 PATIENT'S LAST NAME—FIRST NAME—MIDDLE NAME *HALL, ORAN E* REGISTER NO. *16406* WARD NO. *1-8*
 NAME OF HOSPITAL OR OTHER MEDICAL FACILITY *U.S.A.H. Camp Wheeler, Ark*

AKDCH-SU-R

1st Ind

Headquarters, US Army Hospital, Camp Chaffee, Arkansas 22 Jul 1962
(Date)

TO: Commanding Officer, 505th M P Co

1. In compliance with paragraph 6d, SR 600-450-10, inclosed here-
with Medical Board Proceedings and allied papers pertaining to
Cpl Loran F Hall, RA 17 224, a member of your command.

2. It is requested that paragraph 7 b, SR 600-450-10 be complied
with. Correspondence should be addressed to Commanding General, 5th
Armored Division, Camp Chaffee, Arkansas.

FOR THE COMMANDING OFFICER:

MICHAEL R. MORIN

Capt, MCJ

Chief, Medical Records Branch

194

Camp Chaffee, Arkansas
17 July 1952

SUBJECT: Request for Discharge

TO: Commanding General
5th Armored Division
Camp Chaffee, Arkansas

1. I request * (discharge for the convenience of the Government) ~~(relief from active duty)~~ for physical disability. I have been notified that, based upon preliminary findings, I am considered unfit for retention in the military service on account of a physical disability which is considered to have existed prior to ~~30 June 1948~~ (Enter date of entry on active duty and which appears to be not incident to, or aggravated by, prior or subsequent military service.

2. I certify that it has been fully explained to me that I am entitled as a matter of right to the same processing as any other member of the Army of the United States who is separated for physical disability, which includes consideration of my case by a physical evaluation board. However, I do not elect to exercise this right.

3. I further certify that it has been fully explained to me that as a result of this application and provided that the approved findings of a medical board corroborate the preliminary findings concerning my unfitness, I may be *(discharged for the convenience of the Government) ~~(relieved from active duty)~~ for physical disability without further hearing. I understand that such separation will be without disability retirement or disability severance pay, however, it does not preclude my applying for benefits administered by the Veterans Administration.

4. I understand that in the event this application is approved I will be honorably separated unless other circumstances connected with my period of service require a different type of separation.

Lawrence E. Hall Col. RA-1722 4450
(Signature of member) (Grade)(Svc no)

*Strike out inapplicable term.

17 July 52
(Date of application)

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loran E				REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL NO. RA 1722146	4. GRADE Cpl		
5. ORGANIZATION AND ARM OR SERVICE 505 MP Co				
6. AGE 22	7. RACE W	8. LENGTH OF SERV. 5 Yrs	9. DATE OF ADM. 18 Jul 52	
10. SOURCE OF ADMISSION*				
*Required only when stencil procedure is used.				
				11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
				12. DATES AND NATURE OF TREATMENTS AND OPERATIONS
				13. RESULTS AND REMARKS
VA SO CLAIMS LOCATOR FOLDER # 106 DEC 21 1959 P.M. 156				
SIGNATURE OF DENTAL OFFICER				
16-20022-3				

OUTPATIENT

REPORTS CONTROL SYMBOL MED 13

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL TORAN F						
2. REGISTER NO.	3. ARMY SERIAL No.	4. GRADE		B1	B2	B3
	1317 221450	CPL				
5. ORGANIZATION AND AREA OF SERVICE (If AAF personnel, see below)				C1	C2	
505th MP Co.						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
10. SOURCE OF ADMISSION				E1	E2	E3

* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet
 II. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

6 June 52 About 1930
 hours while walking up
 steps of office of 505th
 MP Co. This NCO slipped
 and fell striking right
 hand on step and lacerating
 it. He was performing
 duties as EO for night
 hand examined - observed
 1 1/2" laceration skin
 & subcut. fat. of thenar
 imminent. - One small A.
 No N. involvement.
 after injection procaine state
 2nd & 3rd of 4th fingers distal phalanges
 palmar surf. tingling. Rechecked
 on return to Clinic. Lab. 500

F
G
H
I
J
K
L
M
N
O
P
Q1
Q2
R
S
T
U
V1
V2
W1
W2

12. LINE OF DUTY

13. DISPOSITION

14. DATE OF DISPOSITION
 15. DAYS LOST - TOTAL

HOSPITAL QUARTERS

16. NAME AND LOCATION OF REPORTING INSTALLATION

17. SIGNATURE U. S. Army Hosp., Camp Croffee, Ark.

W. D. A. G. O.
 FORM NO. 8-24
 1 July 1944

(This form supersedes W. D. M. D. Form No. 8, which will not be used after receipt of this revision.)

O-961627
 16-40864-3 GPO

REPORTS CERTIFIED TRUE TO BEST OF KNOWLEDGE					DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL					A1	A2	A3
HALL, LORAN E							
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE			B1	B2	B3
	RA 1724450	EPT					
5. ORGANIZATION AND ARM OF SERVICE (If AAF personnel, see below)*					C1	C2	
COF SM @ M							
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION		D1	D2	D3
22	W	5 YRS	9 APRIL 52				
10. SOURCE OF ADMISSION					E1	E2	E3
* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet					F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS					G		
9 APRIL 52					H		
Dermatitis of					I		
RT. HAND.					J		
SENT TO DERMATOLOGY					K		
BY 422					L		
					M		
					N		
					O		
					P		
					Q1	Q2	
					R		
12. LINE OF DUTY					S		
13. DISPOSITION					T		
14. DATE OF DISPOSITION					U		
15. DAYS LOST → TOTAL					V1		
HOSPITAL					V2		
QUARTERS					W1		
16. NAME AND LOCATION OF REPORTING INSTALLATION					W2		
U.S. Army Hq. Camp Chaffin							
17. SIGNATURE					W.D.A.G.O.		
					FORM NO. 8-24		
					1 July 1944		
(This form supersedes W. D. M. D. Form No. 8-24 which will not be used after receipt of this revision.)					10-40864-3 ☆ GPO		

REPORTS CONTROL SYMBOL MED 19

DO NOT USE CODE BOXES

1. LAST NAME, FIRST NAME, MIDDLE INITIAL <i>HALL, Edward</i>				A1	A2	A3
2. REGISTER NO.		3. ARMY SERIAL NO.		4. GRADE <i>Capl.</i>		
5. ORGANIZATION AND ARM OR SERVICE (if AAF personnel, see below)* <i>505 M.P. Co.</i>				C1	C2	
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION			
10. SOURCE OF ADMISSION				E1	E2	E3

* If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet
 11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS

28 June 44
Discharge granted
by Capt. [Signature]
refer to Capt.
Board
of AAFPTC at [Signature]

12. LINE OF DUTY				F	
13. DISPOSITION				G	
14. DATE OF DISPOSITION				H	
15. DAYS LOST → TOTAL				I	
				J	
				K	
				L	
				M	
				N	
				O	
				P	
				Q1	Q2
				R	
16. NAME AND LOCATION OF REPORTING INSTALLATION				S	
				T	
17. SIGNATURE				U	
				V1	V2
				W1	W2

W. D. A. G. O.
 FORM NO. 8-24
 1 July 1944

(This form superseded by W. D. M. D. Form No. 82, which will not be used after receipt of this revision.)

16-48864-3 ★ GPO

REPORT OF DENTAL SURVEY

✓ **RIGHT** **UPPER TEETH*** **LEFT**

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

LOWER TEETH*

RIGHT **LEFT**

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

OCCLUSION *bad* **CLASS** *I* **CALCULUS:** SLIGHT, MEDIUM, HEAVY

PERIODONTOKLASIA *none*

DENTAL FOCI SUSPECTED YES NO

OTHER CONDITIONS *none*

DATE *OCT 23 1952* **SIGNATURE OF DENTAL OFFICER** *[Signature]*

* RESTORABLE CARIOUS TEETH BY O *Cen. D.C.*

NONRESTORABLE CARIOUS TEETH BY /

MISSING NATURAL TEETH BY X

TEETH REPLACED BY DENTURE
(Horizontal line)

TEETH REPLACED BY FIXED BRIDGE
(Oval to include abutments)

WD AGO FORM 8-116 This form supersedes WD AGO Form 8-116, 31 May 1944 (formerly WD MD Form 79) which will not be used upon receipt of this revision.

15 MAR 1949 16-20622-2 ☆ GPO

201

10th GENERAL DISPENSARY

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Moran E.				REGISTER OF DENTAL PATIENTS
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		
	17224450	Pfc. Cpl		
5. ORGANIZATION AND ARM OR SERVICE 521st MP				
6. AGE	7. RACE	8. LENGTH OF SERV.	9. DATE OF ADM.	
20	W.	3	Mrs. 29 May 50	
10. SOURCE OF ADMISSION				

*Required only when stencil procedure is used.

11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.	12. DATES AND NATURE OF TREATMENTS AND OPERATIONS	13. RESULTS AND REMARKS
Adm R Exam	CI I	AM
Facing loose	L-2 Fac recem	AM
Facing loose	8/11/50	AM
Abs Peri R-4	PE Anes L	AM
Abs Peri R-4	9/11/50	AM
Abs Peri R-7	PE	AM
	9/11/50	AM
	XR R-4, R-7	AM
	9/11/50	AM
	1951	
	Exam	
	March	
	15	

SIGNATURE OF DENTAL OFFICER
Walter W. Tucker
 1st Lt Dental Corps

REPORTS CONTROL SYMBOL MED 10				DO NOT USE CODE BOXES		
1. LAST NAME, FIRST NAME, MIDDLE INITIAL				A1	A2	A3
HALL LORANE						
2. REGISTER NO.	3. ARMY SERIAL NO.	4. GRADE		B1	B2	B3
	R01722450	CPL				
5. ORGANIZATION AND ARM OF SERVICE (If AAF personnel, see below)*				C1	C2	
501 M B						
6. AGE	7. RACE	8. LENGTH OF SERVICE	9. DATE OF ADMISSION	D1	D2	D3
22	W	5	5/21			
10. SOURCE OF ADMISSION				E1	E2	E3
*If AAF, indicate pilot, non-pilot flying pers., ground pers., or avn. cadet				F		
11. CAUSE OF ADMISSION, ADDITIONAL DIAGNOSES, OPERATIONS, CHANGE OF STATUS				G		
29 May 44				H		
Car wreck this a.m.				I		
no diff injury				J		
X-ray lumbar spine				K		
count neg				L		
Duty				M		
40. unit				N		
28 May 44				O		
Dress in camp over				P		
abd. discomfort				Q1		
and				Q2		
interior and obscure				R		
over camp - 2003				S		
12. LINE OF DUTY				T		
13. DISPOSITION				U		
14. DATE OF DISPOSITION				V1		
15. DAYS LOST → TOTAL				HOSPITAL		QUARTERS
				W1		W2
16. NAME AND LOCATION OF REPORTING INSTALLATION				W1		
				W2		
17. SIGNATURE				W.D.A.G.O.		
				FORM NO. 8-24		
				1 July 1944		
(This form supersedes W. D. M. D. Form No. 52, which will not be used after receipt of this revision.)				O-961627 16-40864-3 * gpo		

Rx 3yr - volume July Cap #3
A. Williams

Order: W. Williams

204

Disch.

1. LAST NAME, FIRST NAME, MIDDLE INITIAL Hall, Loran E.				REGISTER OF DENTAL PATIENTS
2. REGISTER No.	3. ARMY SERIAL No. RA 17324450	4. GRADE Cpl.		
5. ORGANIZATION AND ARM OF SERVICE 505th MP Co. (Ward D-8)				
6. AGE 23	7. RACE W	8. LENGTH OF SERV. 5 Yrs.	9. DATE OF ADM. 26 July 1952	
10. SOURCE OF ADMISSION Hospital Dental Clinic Camp Chaffee, Arkansas				
<small>*Required only when stencil procedure is used.</small>				
		11. DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC. AdmR Bdg. Def. 6-11		
		12. DATES AND NATURE OF TREATMENTS AND OPERATIONS Exam Bdg. Repaired (Facing replaced.) 28 July 26 1952		
		13. RESULTS AND REMARKS G1 3M G1 3M AMM JHH		
SIGNATURE OF DENTAL OFFICER				

205-